

# FILE NOTATIONS

Entered in NID File ..... ✓  
 Location Map Pinned ..... ✓  
 Card Indexed ..... ✓

Checked by Chief *Rob* .....  
 Approval Letter *11-5-70* .....  
 Disapproval Letter .....

## COMPLETION DATA:

Site Well Completed *2-12-71* .....  
 .... WW. ✓ TA.....  
 .... OS..... PA.....

Location Inspected .....  
 Bond released  
 State or Fee Land .....

## LOGS FILED

Miller's Log *3-1-71* .....  
 Electric Logs (No.) *4* .....  
 E..... I..... Dual I Lat..... GR-N. ✓ Micro.....  
 MIC Sonic GR..... Lat..... Mi-L..... Sonic.....  
 CBLog..... CCLog..... Others..... *Signature*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SL-066312-State

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Humble Oil &amp; Refining Company

3. ADDRESS OF OPERATOR

P. O. Box 120, Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL x 1980' FEL (SW SE) Sec. 2-7S-23E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5452' Gr.

7. UNIT AGREEMENT NAME

Walker Hollow Unit

8. FARM OR LEASE NAME

Walker Hollow Unit

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Walker Hollow

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 2-7S-23E SLB&amp;M

12. COUNTY OR PARISH 13. STATE

Uintah

Utah

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒  
☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded 1-6-71. Drilled 12 $\frac{1}{4}$ " hole to 418'. Ran 403' of 8-5/8" OD 24# surface casing, set at 416' and cemented with 300 sx cement. Plug down 1:00 AM 1-8-71. WOC 12 hrs. Pressured up to 800#, held OK.

cc: 2 - Utah Oil & Gas Conservation Commission  
1 - Chevron, Vernal  
1 - Midland

18. I hereby certify that the foregoing is true and correct

SIGNED

J. F. Richardson

TITLE District Chief Engineer

DATE 1-15-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

WALKER HOLLOW UNIT NO. 30

PERFORATION RECORD

4684-94' - 11 shots  
4577-83' - 13 shots  
4947-56' - 13 shots  
4974-80' - 13 shots  
5478-90' - 18 shots  
5538-49' - 18 shots  
5573-91' - 18 shots

ACIDIZING RECORD

4684-94' - 100 gals. MCA  
4577-83' - 100 gals. MCA  
4947-56' & 4974-80' - 100 gals. MCA  
4974-80' - 100 gals. MCA  
5478-90' - 100 gals. MCA  
5538-49' - 100 gals. MCA  
5573-91' - 100 gals. MCA

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐OTHER Water Injection SINGLE  
ZONE ☐MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

Humble Oil & Refining Company

## 3. ADDRESS OF OPERATOR

P. O. Box 120, Denver, Colorado 80201

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

660' FSL and 1980' FEL (SW SE) Section 2-7S-2E

At proposed prod. zone

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

Approximately 35 miles Southeast of Vernal, Utah

## 15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)660'

## 16. NO. OF ACRES IN LEASE

883

## 18. DISTANCE FROM PROPOSED LOCATION\*

TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.--

## 19. PROPOSED DEPTH

5,50017. NO. OF ACRES ASSIGNED  
TO THIS WELL80

## 20. ROTARY OR CABLE TOOLS

Rotary

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

Ungraded GL 5,452'

## 22. APPROX. DATE WORK WILL START\*

December 25, 1970

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE   | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT                  |
|----------------|----------------|-----------------|---------------|-------------------------------------|
| <u>12 1/4"</u> | <u>8-5/8"</u>  | <u>24#</u>      | <u>400'</u>   | <u>Circulate to surface</u>         |
| <u>7-7/8"</u>  | <u>4 1/2"</u>  | <u>9.5#</u>     | <u>5500'</u>  | <u>Sufficient to cover all pays</u> |

Mud Program: 0 - 2,500' with water. 2,500' to TD with water base mud with sufficient properties to maintain hole for safe drilling.

Logs: IES & Gamma Ray - Sonic

APPROVED BY DIVISION OF  
OIL & GAS CONSERVATION

DATE

BY

*John F. Richardson*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

## 24.

SIGNED

John F. RichardsonTITLE District Chief EngineerDATE 10-30-70

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



T7S, R23E, S.L.B. & M.

PROJECT

HUMBLE OIL & REFINING COMPANY  
WALKER HOLLOW UNIT # 30, Well location,  
located as shown in the SW 1/4 SE 1/4,  
Section 2, T7S, R23E, S.L.B. & M.,  
Uintah County, Utah.

X = Corners Found. (Brass Cap)

N 0° 02' W  
7289.70'

N 0° 01' W  
7285.74'

2

WALKER HOLLOW UNIT # 30  
UNGRADED GROUND ELEV 19' LOWER  
THAN WALKER HOLLOW UNIT # 25

1980'  
(Computed)

WEST  
5278.68'

659'



CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM  
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY  
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

*Lawrence C. Kay*  
REGISTERED LAND SURVEYOR  
REGISTRATION NO. 5157  
STATE OF UTAH

UINTAH ENGINEERING & LAND SURVEYING  
P.O. BOX Q - 110 EAST - FIRST SOUTH  
VERNAL, UTAH - 84078

|                        |                         |
|------------------------|-------------------------|
| SCALE<br>1" = 1000'    | DATE<br>28 OCTOBER 1970 |
| PARTY<br>L.C.K. & K.M. | REFERENCES<br>810 PLAT  |
| WEATHER<br>COOL        | FILE<br>HUMBLE OIL      |

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R356.5  
LAND OFFICE SLC  
LEASE NUMBER 066312  
UNIT Walker Hollow

## LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Uintah Field Walker Hollow

The following is a correct report of operations and production (including drilling and producing wells) for the month of January, 1971,

Agent's address P. O. Box 120 Company Humble Oil & Refining Co.  
Denver, Colorado 80201

Phone (303) 534-1251 Signed J. Roy Dorrough Agent's title District Superintendent

| SEC. AND<br>¼ OF ¼        | TWP. | RANGE | WELL<br>NO. | DAYS<br>PRODUCED | BARRELS OF OIL | GRAVITY | CU. FT. OF GAS<br>(In thousands) | GALLONS OF<br>GASOLINE<br>RECOVERED | BARRELS OF<br>WATER (If<br>none, so state) | REMARKS<br>(If drilling, depth; if shut down, cause;<br>date and result of test for gasoline<br>content of gas)                                 |
|---------------------------|------|-------|-------------|------------------|----------------|---------|----------------------------------|-------------------------------------|--|---|
| <u>WALKER HOLLOW UNIT</u> |      |       |             |                  |                |         |                                  |                                     |  |   |
| Sec. 2<br>SW SE           | 7S   | 23E   | 30          | 0                |                |         |                                  |                                     |  | Spudded 1-6-71. Set<br>8-5/8" csg. at 416'.<br>Set 4½" 9.5# csg. at<br>TD 5654'. Cemented<br>w/385 sx cement.<br>Waiting on completion<br>unit. |

cc: Utah Oil & Gas Conservation Commission  
HORC, Midland

NOTE.—There were None runs or sales of oil; None M cu. ft. of gas sold;  
None runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

**T7S, R23E, S.L.B. & M.**

PROJECT

**HUMBLE OIL & REFINING COMPANY**

**WALKER HOLLOW UNIT # 30**, Well location,  
located as shown in the SW 1/4 SE 1/4,  
Section 2, T7S, R23E, S.L.B. & M.,  
Utah County, Utah.

X = Corners Found. (Brass Cap)



CERTIFICATE

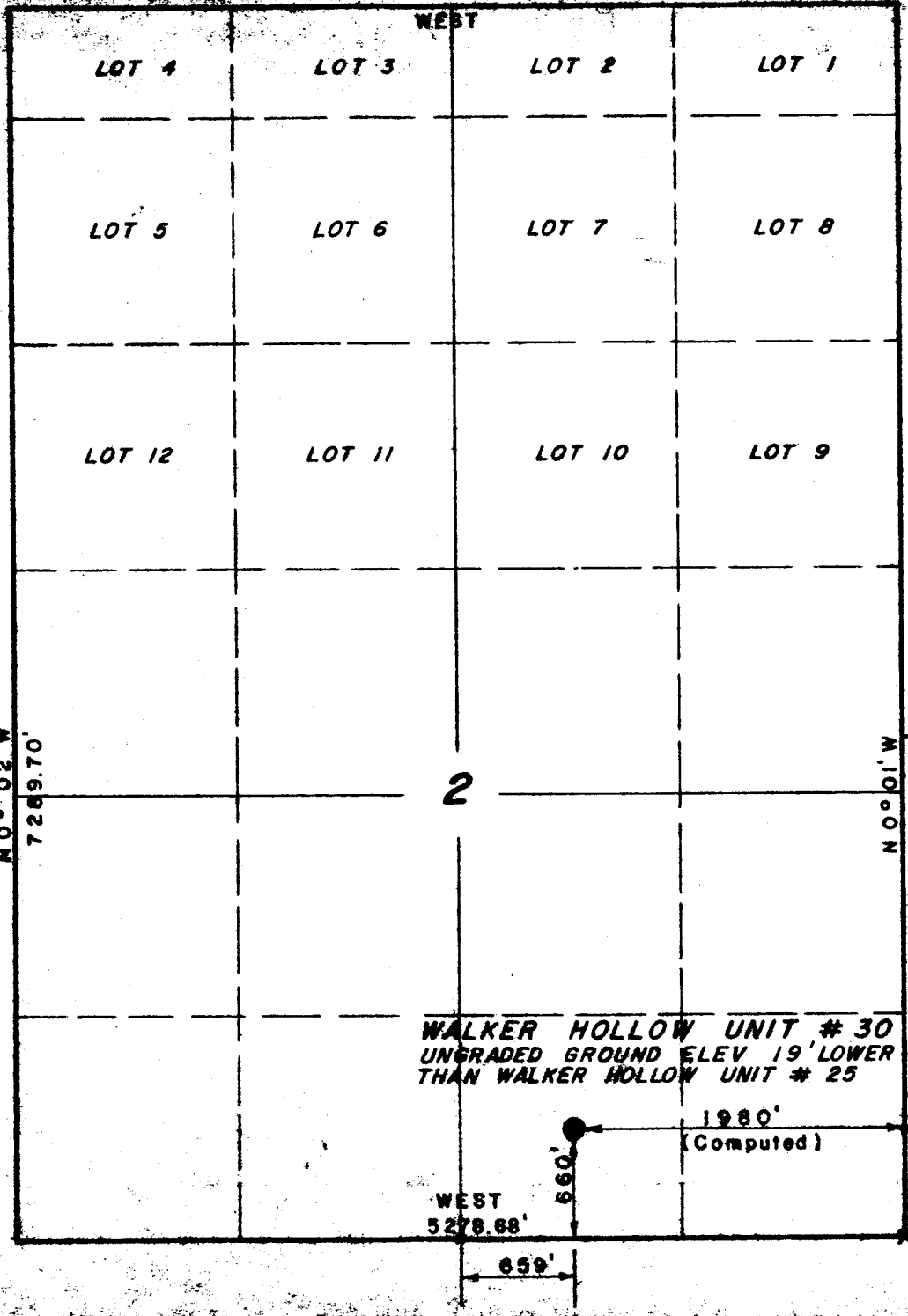
THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM  
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY  
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO  
BEST OF MY KNOWLEDGE AND BELIEF.

*Lawrence C. Kay*  
REGISTERED LAND SURVEYOR  
REGISTRATION NO 3137  
STATE OF UTAH

**UINTAH ENGINEERING & LAND SURVEYING**  
P.O. BOX Q - 110 EAST - FIRST SOUTH  
VERNAL, UTAH - 84078

|                        |                         |
|------------------------|-------------------------|
| SCALE<br>1" = 1000'    | DATE<br>28 OCTOBER 1970 |
| PARTY<br>L.C.K. & K.M. | REFERENCES<br>GLO PLAT  |
| WEATHER<br>COOL        | FILE<br>HUMBLE OIL      |

N 0° 02' W  
7289.70'



**WALKER HOLLOW UNIT # 30**  
UNGRADED GROUND ELEV 19' LOWER  
THAN WALKER HOLLOW UNIT # 25

WEST  
5278.68'

1980'  
(Computed)

660'

659'

## GEOLOGICAL SURVEY

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|   |  |   |  |
|---|--|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 3. LEASE DESIGNATION AND SERIAL NO.<br>SL-066312-State                  |  |
| 2. NAME OF OPERATOR<br>Humble Oil & Refining Company now Exxon Corporation  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><i>File</i>                     |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 120, Denver, Colorado 80201   |  | 7. UNIT AGREEMENT NAME<br>Walker Hollow Unit                            |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>660' FSL x 1980' FEL (SW SE) Sec. 2-7S-23E |  | 8. FARM OR LEASE NAME<br>Walker Hollow Unit                             |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>30   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5452' Gr.   |  | 10. FIELD AND POOL, OR WILDCAT<br>Walker Hollow                         |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 2-7S-23E SLB&M |  |
|   |  | 12. COUNTY OR PARISH<br>Uintah  |  |
|   |  | 13. STATE<br>Utah   |  |

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

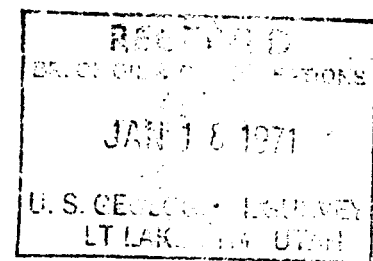
|  |   |  |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>        | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>     | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                   |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded 1-6-71. Drilled 12½" hole to 418'. Ran 403' of 8-5/8" OD 24# surface casing, set at 416' and cemented with 300 sx cement. Plug down 1:00 AM 1-8-71. WOC 12 hrs. Pressured up to 800#, held OK.

cc: 2 - Utah Oil & Gas Conservation Commission  
1 - Chevron, Vernal  
1 - Midland



18. I hereby certify that the foregoing is true and correct

SIGNED *J. F. Richardson*  
J. F. Richardson

TITLE District Chief Engineer

DATE 1-15-71

(This space for Federal or State office use)

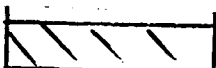
APPROVED BY *J. R. Davis*  
J. R. Davis

TITLE DISTRICT CHIEF ENGINEER

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



PBTD 5615  
TO 5654

2-9-71: Straddled 4a zone. Broke down with 2300 psi. Pumped 100 gals. acid in at  $\frac{1}{2}$  BPM at 1350 psi. Pumped water 2 mins. at 1800 psi at 2 BPM. Pumped 50 bbls. water at 3800 psi at 5 BPM. Pumped water 2 mins. at 1800 psi at  $2\frac{1}{2}$  BPM. Inst. SI 1150#. Retrieved bridge plug but unable to reset. Pulled and redressed bridge plug. Went in hole, straddled 1a1 zone. Broke down with 2900 psi. Pumped 100 gals. acid in at  $\frac{1}{2}$  BPM at 1200 psi. Pumped water 2 mins. at 1800 psi at 2 BPM. Pumped 50 bbls. water in at 3800 psi at  $4\frac{1}{2}$  BPM. Pumped water 2 mins. at 1800 psi at 2 BPM. Inst. SIP 1250#. Straddled 8d zone. Broke down with 3200 psi. Pumped in 100 gals. acid at  $\frac{1}{2}$  BPM at 1400 psi. Pumped water 2 mins. at 1800 psi at  $1\frac{1}{2}$  BPM. Pumped 50 bbls. water at 3800 psi at  $4\frac{1}{2}$  BPM. Pumped water 2 mins. at 1800 psi at  $1\frac{1}{2}$  BPM. Inst. SI 1500 psi. Straddled 8c zone. Broke down at 2200 psi. Pumped 100 gals. acid in at  $1\frac{1}{2}$  BPM at 700 psi. Pumped water 2 mins. at 1800 psi at 3 BPM. Pumped 50 bbls. water at 3800 psi at 5 BPM. Pumped water 2 mins. at 1800 psi at 3 BPM. Inst. SI 1000 psi.

2-10-71: Straddled 5c zone. Broke down with 3450 psi. Pumped 100 gals. acid in at  $\frac{1}{2}$  BPM at 1550 psi. Communicated with 5b zone. Straddled 5b and 5c zones. Pumped in acid at  $\frac{1}{2}$  BPM at 1000 psi. Pumped water 2 mins. at 3 BPM at 1800 psi. Pumped 50 bbls. water at  $5\frac{1}{2}$  BPM at 3800 psi. Pumped water 2 mins. at 3 BPM at 1800 psi. Inst. SI 1000 psi. Straddled 4c zone. Pumped water 2 mins. at 1800 psi at 3 BPM. Pumped 50 bbls. water at  $5\frac{1}{2}$  BPM at 3800 psi. Pumped water 2 mins. at 3 BPM at 1800 psi. Inst. SI 1000 psi. Pulled tubing with bridge plug and packer. Ran packer on 2" tubing, set at 4545'. Released rig. Preparing to hook up injection system.

2-11-71: Hooked up injection system. Now injecting at 850 psi.

2-12-71: Injected water in formation at 1000 psi at 1000 BPD. Completed as a water injection well. Final report.

Sample of produced water; to be reinjected. Also formation water (Produced and injection formation are the same.)

# SOONER CHEMICAL SPECIALTIES, INC.

P.O. Box 711 SEMINOLE, OKLAHOMA 74868 Phone (405) 9265  
P.O. Box 696 GRAND JUNCTION, COLORADO 81502  
P.O. Box 1436 ROOSEVELT, UTAH 84066 Phone (801) 722

## WATER ANALYSIS REPORT

COMPANY Exxon Company USA ADDRESS Vernal, Utah DATE: 7-15-83

SOURCE Walker Hollow Unit # 3 DATE SAMPLED 7-14-83 ANALYSIS NO. 1150

Analysis

Mg/l (ppm)

\*Meq/l

|  |                |      |  |
|--|----------------|------|--|
| 1. PH  | <u>7.6</u>     |      |  |
| 2. H <sub>2</sub> S (Qualitative)                | <u>2.5 ppm</u> |      |  |
| 3. Specific Gravity                              | <u>1.0050</u>  |      |  |
| 4. Dissolved Solids                              |                |      |  |
| 5. Suspended Solids                              |                |      |  |
| 6. Anaerobic Bacterial Count                     | <u>100-999</u> | C/MI |  |
| 7. Methyl Orange Alkalinity (CaCO <sub>3</sub> ) |                |      |  |
| 8. Bicarbonate (HCO <sub>3</sub> )               |                |      |  |
| 9. Chlorides (Cl)                                |                |      |  |
| 10. Sulfates (SO <sub>4</sub> )                  |                |      |  |
| 11. Calcium (Ca)                                 |                |      |  |
| 12. Magnesium (Mg)                               |                |      |  |
| 13. Total Hardness (CaCO <sub>3</sub> )          |                |      |  |
| 14. Total Iron (Fe)                              |                |      |  |
| 15. Barium (Qualitative)                         |                |      |  |
| 16. Phosphate Residuals                          |                |      |  |

|                  |              |       |                            |
|------------------|--------------|-------|----------------------------|
|                  | <u>3,160</u> |       |                            |
| HCO <sub>3</sub> | <u>3,855</u> | +61   | <u>63</u> HCO <sub>3</sub> |
| Cl               | <u>1,062</u> | +35.5 | <u>30</u> Cl               |
| SO <sub>4</sub>  | <u>750</u>   | +48   | <u>16</u> SO <sub>4</sub>  |
| Ca               | <u>78</u>    | +20   | <u>4</u> Ca                |
| Mg               | <u>26</u>    | +12.2 | <u>2</u> Mg                |
|                  | <u>300</u>   |       |                            |
|                  | <u>0.2</u>   |       |                            |
|                  | <u>0</u>     |       |                            |

\*Milli equivalents per liter

## PROBABLE MINERAL COMPOSITION

|            |    |   |                  |           |
|------------|----|---|------------------|-----------|
| <u>4</u>   | Ca | ← | HCO <sub>3</sub> | <u>63</u> |
| <u>2</u>   | Mg | → | SO <sub>4</sub>  | <u>16</u> |
| <u>103</u> | Na | → | Cl               | <u>30</u> |

Saturation Values

Distilled Water 20°C

|  |            |
|--|------------|
| Ca CO <sub>3</sub>                     | 13 Mg/l    |
| Ca SO <sub>4</sub> · 2H <sub>2</sub> O | 2,090 Mg/l |
| Mg CO <sub>3</sub>                     | 103 Mg/l   |

| Compound                            | Equiv. Wt. | X | Meq/l     | = | Mg/l         |
|-------------------------------------|------------|---|-----------|---|--------------|
| Ca (HCO <sub>3</sub> ) <sub>2</sub> | 81.04      |   | <u>4</u>  |   | <u>324</u>   |
| Ca SO <sub>4</sub>                  | 68.07      |   |           |   |              |
| Ca Cl <sub>2</sub>                  | 55.50      |   |           |   |              |
| Mg (HCO <sub>3</sub> ) <sub>2</sub> | 73.17      |   | <u>2</u>  |   | <u>146</u>   |
| Mg SO <sub>4</sub>                  | 60.19      |   |           |   |              |
| Mg Cl <sub>2</sub>                  | 47.62      |   |           |   |              |
| Na HCO <sub>3</sub>                 | 84.00      |   | <u>57</u> |   | <u>4,788</u> |
| Na <sub>2</sub> SO <sub>4</sub>     | 71.03      |   | <u>16</u> |   | <u>1,136</u> |
| Na Cl                               | 58.46      |   | <u>30</u> |   | <u>1,754</u> |

REMARKS

Water from source well- To be used as injection fluid in  
4 Walker Hollow Unit wells.

**EXXON**  
**CHEMICALS**

# LABORATORY WATER ANALYSIS

To: Exxon Company USA  
Vernal, UT

Date Sampled 6-3-82  
Sample Location Waterflood Station  
Sampled by H. Langen

pH 6.8  
Carbon Dioxide (CO<sub>2</sub>) 30  
Dissolved Oxygen (O<sub>2</sub>) ND  
Sulfide as H<sub>2</sub>S 0

Well No. Source Water (Chevron)  
Legal Desc. Sec. 1-T6S-R22E  
County Uintah State Utah  
Formation Green River  
Depth 30'  
Water B/D \_\_\_\_\_

Specific Gravity 60/60 \_\_\_\_\_  
Resistivity (ohm meters) \_\_\_\_\_  
Saturation Index 70° F +0.05  
150° F +0.8

## DISSOLVED SOLIDS

| Cations                       | mg/l | me/l | Anions                        | mg/l | me/l |
|-------------------------------|------|------|-------------------------------|------|------|
| Calcium, Ca                   | 168  | 8    | Carbonate, CO <sub>3</sub>    | 180  | 3    |
| Magnesium, Mg                 | 29   | 2    | Bicarbonate, HCO <sub>3</sub> | 500  | 10   |
| Sodium, Na                    | 138  | 6    | Sulfate, SO <sub>4</sub>      | 110  | 3    |
| Hardness, total               | 540  | -    | Chloride, Cl                  |      |      |
| Barium, Ba                    | 0    | -    |                               |      |      |
| Total Dissolved Solids, Calc. | 1125 |      | Iron, Total                   |      |      |
| Total Suspended Solids        |      |      | Iron, Sol.                    |      |      |

## PROBABLE MINERAL COMPOSITION

| Cations | Anions             | Compound                            | Equiv. wt. | x meq/l | = mg/l |
|---------|--------------------|-------------------------------------|------------|---------|--------|
| 8 Ca    | HCO <sub>3</sub> 3 | Ca (HCO <sub>3</sub> ) <sub>2</sub> | 81.04      | 3       | 243    |
| 2 Mg    | SO <sub>4</sub> 10 | CaSO <sub>4</sub>                   | 68.07      | 5       | 340    |
| 6 Na    | CL 3               | CaCL <sub>2</sub>                   | 55.50      |         |        |
|         |                    | Mg (HCO <sub>3</sub> ) <sub>2</sub> | 73.17      |         |        |
|         |                    | MgSO <sub>4</sub>                   | 60.19      | 2       | 120    |
|         |                    | MgCL <sub>2</sub>                   | 47.62      |         |        |
|         |                    | NaHCO <sub>3</sub>                  | 84.00      |         |        |
|         |                    | NaSO <sub>4</sub>                   | 71.03      | 3       | 213    |
|         |                    | NaCL                                | 58.46      | 3       | 175    |

Submitted by: T. Lye

Water produced from several Walker Hollow Unit wells- to be reinjected. Also water from Green River formation (Producing and inject formations are the same.)

## SOONER CHEMICAL SPECIALTIES, INC.

P.O. Box 711 SEMINOLE, OKLAHOMA 74868 Phone (405) 382-2000  
P.O. Box 696 GRAND JUNCTION, COLORADO 81502 Phone (303) 858-9765  
P.O. Box 1436 ROOSEVELT, UTAH 84066 Phone (801) 722-3386

## WATER ANALYSIS REPORT

COMPANY Exxon Company USA ADDRESS Vernal, Utah DATE: 7-15-83  
SOURCE # 1 FWKO DATE SAMPLED 7-14-83 ANALYSIS NO. 1148

| Analysis   | Mg/l (ppm)                                      | *Meq/l |
|--|---|--------|
| 1. PH  | 8.2   |        |
| 2. H <sub>2</sub> S (Qualitative)                          | 6.0 ppm   |        |
| 3. Specific Gravity  | 1.0100  |        |
| 4. Dissolved Solids  |   |        |
| 5. Suspended Solids  |   |        |
| 6. Anaerobic Bacterial Count <u>Initiated Culture</u> C/MI |   |        |
| 7. Methyl Orange Alkalinity (CaCO <sub>3</sub> )           | 2,840   |        |
| 8. Bicarbonate (HCO <sub>3</sub> )                         | HCO <sub>3</sub> 3,465 ÷ 61 57 HCO <sub>3</sub> |        |
| 9. Chlorides (Cl)  | Cl 1,416 ÷ 35.5 40 Cl                           |        |
| 10. Sulfates (SO <sub>4</sub> )                            | SO <sub>4</sub> 600 ÷ 48 13 SO <sub>4</sub>     |        |
| 11. Calcium (Ca)   | Ca 38 ÷ 20 2 Ca                                 |        |
| 12. Magnesium (Mg)   | Mg 4 ÷ 12.2 0 Mg                                |        |
| 13. Total Hardness (CaCO <sub>3</sub> )                    | 110   |        |
| 14. Total Iron (Fe)  | 0.8   |        |
| 15. Barium (Qualitative)                                   | 0   |        |
| 16. Phosphate Residuals                                    |   |        |

\*Milli equivalents per liter

### PROBABLE MINERAL COMPOSITION

| Compound                            | Equiv. Wt. | X | Meq/l | = | Mg/l  |
|-------------------------------------|------------|---|-------|---|-------|
| Ca (HCO <sub>3</sub> ) <sub>2</sub> | 81.04      |   | 2     |   | 162   |
| Ca SO <sub>4</sub>                  | 68.07      |   |       |   |       |
| Ca Cl <sub>2</sub>                  | 55.50      |   |       |   |       |
| Mg (HCO <sub>3</sub> ) <sub>2</sub> | 73.17      |   |       |   |       |
| Mg SO <sub>4</sub>                  | 60.19      |   |       |   |       |
| Mg Cl <sub>2</sub>                  | 47.62      |   |       |   |       |
| Na HCO <sub>3</sub>                 | 84.00      |   | 55    |   | 4,620 |
| Na <sub>2</sub> SO <sub>4</sub>     | 71.03      |   | 13    |   | 923   |
| Na Cl                               | 58.46      |   | 40    |   | 2,338 |

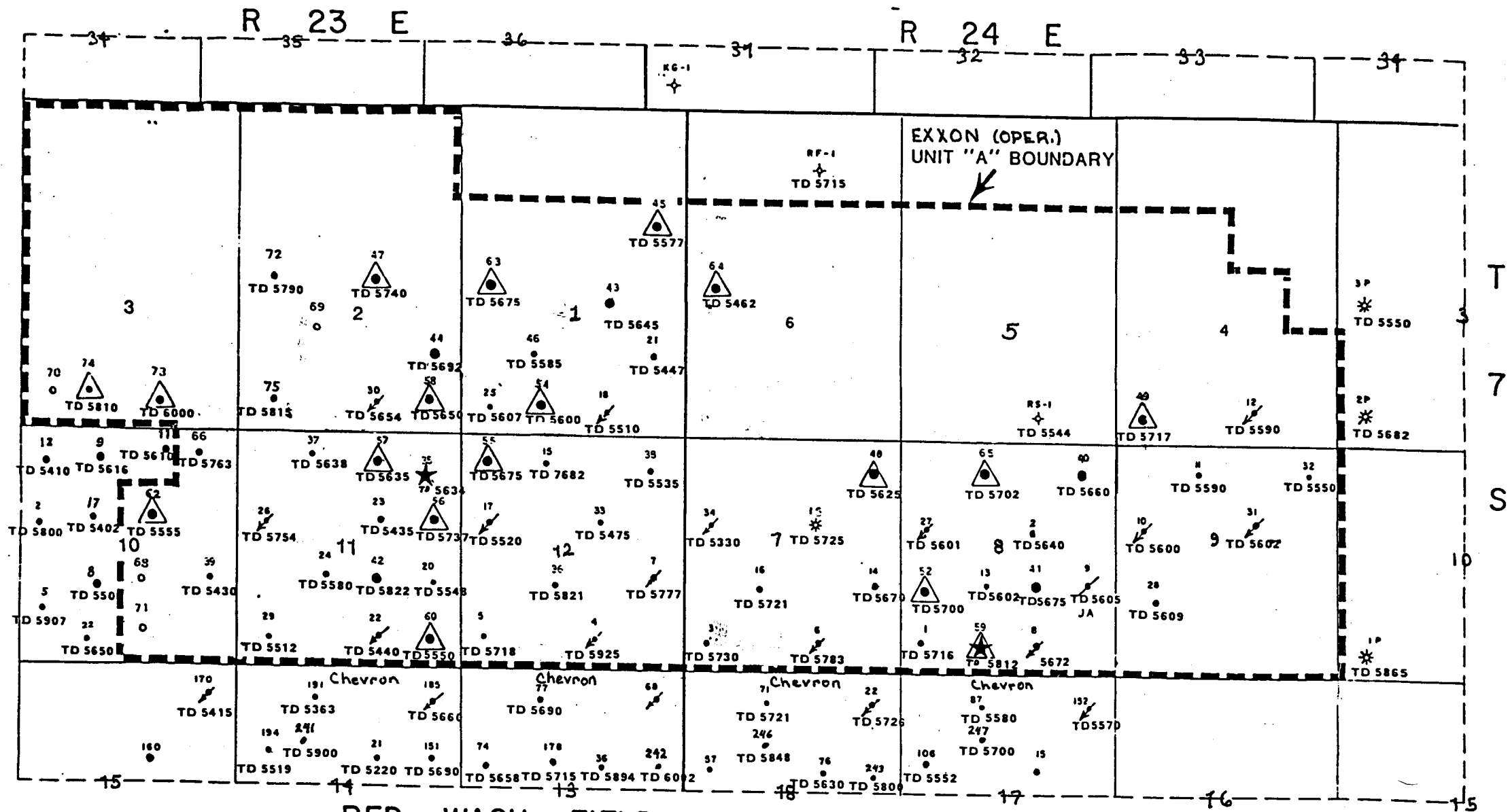
|     |    |   |                  |    |
|-----|----|---|------------------|----|
| 2   | Ca | ← | HCO <sub>3</sub> | 57 |
| 0   | Mg | ← | SO <sub>4</sub>  | 13 |
| 108 | Na | ← | Cl               | 40 |

|  |                      |
|--|----------------------|
| Saturation Values                      | Distilled Water 20°C |
| Ca CO <sub>3</sub>                     | 13 Mg/l              |
| Ca SO <sub>4</sub> · 2H <sub>2</sub> O | 2,090 Mg/l           |
| Mg CO <sub>3</sub>                     | 103 Mg/l             |

REMARKS \_\_\_\_\_





RED WASH FIELD - WALKER HOLLOW UNIT  
 UTAH COUNTY, UTAH

- Producing Well
- ⚡ Injection Well
- ★ Proposed Injection Well



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN DATE\*  
(See other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <u>Water Injection</u>   |  |  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SL-0066312-State |  |
| b. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other |  |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                    |  |
| 2. NAME OF OPERATOR<br>Humble Oil & Refining Company  |  |  |  | 7. UNIT AGREEMENT NAME<br>Walker Hollow Unit            |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 120, Denver, Colorado 80201   |  |  |  | 8. FARM OR LEASE NAME<br>Walker Hollow Unit             |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*<br>At surface 660' FSL, 1980' FEL (SW SE) Sec. 2-7S-23E<br>At top prod. interval reported below Same<br>At total depth Same  |  |  |  | 9. WELL NO.<br>30                                       |  |
| 14. PERMIT NO.  |  |  |  | DATE ISSUED   |  |
| 15. DATE SPUDDED<br>1-6-71  |  |  |  | 16. DATE T.D. REACHED<br>1-23-71                        |  |
| 17. DATE COMPL. (Ready to prod.)<br>2-12-71   |  |  |  | 18. ELEVATIONS (DF, REB, RT, GR, ETC.)*<br>5452' GR     |  |
| 19. ELEV. CASINGHEAD<br>5452'   |  |  |  | 20. TOTAL DEPTH, MD & TVD<br>5654'                      |  |
| 21. PLUG, BACK T.D., MD & TVD<br>5615'  |  |  |  | 22. IF MULTIPLE COMPL., HOW MANY*                       |  |
| 23. INTERVALS DRILLED BY  |  |  |  | 24. ROTARY TOOLS<br>5654'                               |  |
| 25. CABLE TOOLS   |  |  |  | 26. WAS DIRECTIONAL SURVEY MADE<br>No                   |  |
| 27. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>Inj. zones: 4684-94'; 5573-91'; 5538-48'; 5478-90'; 4974-80'; 4947-56'; 4577-83'   |  |  |  | 28. WAS WELL CORED<br>No                                |  |
| 29. TYPE ELECTRIC AND OTHER LOGS RUN<br>Dual Induction Laterolog; Gamma Ray Sonic; Gamma Ray; Temperature   |  |  |  |   |  |
| 30. CASING RECORD (Report all strings set in well)  |  |  |  |   |  |
| CASING SIZE   |  | WEIGHT, LB./FT.  |  | DEPTH SET (MD)  |  |
| 8-5/8:  |  | 24#  |  | 416'  |  |
| 4 1/2"  |  | 9.5#   |  | 5654'   |  |
| HOLE SIZE   |  | CEMENTING RECORD   |  | AMOUNT PULLED   |  |
| 12 1/4"   |  | 300 SX   |  | None  |  |
| 7-7/8"  |  | 385 SX   |  | None  |  |
| 31. LINER RECORD  |  |  |  |   |  |
| SIZE  |  | TOP (MD)   |  | BOTTOM (MD)   |  |
| None  |  |  |  |   |  |
| SACKS CEMENT*   |  | SCREEN (MD)  |  | TUBING RECORD   |  |
|   |  |  |  | SIZE  |  |
|   |  |  |  | DEPTH SET (MD)  |  |
|   |  |  |  | PACKER SET (MD)   |  |
|   |  |  |  | 2"  |  |
|   |  |  |  | 4545'   |  |
|   |  |  |  | 4545'   |  |
| 32. PERFORATION RECORD (Interval, size and number)  |  |  |  |   |  |
| See attachment  |  |  |  |   |  |
| 33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  |  |  |  |   |  |
| DEPTH INTERVAL (MD)   |  |  |  |   |  |
| See attachment  |  |  |  |   |  |
| AMOUNT AND KIND OF MATERIAL USED  |  |  |  |   |  |
| 34. PRODUCTION  |  |  |  |   |  |
| DATE FIRST PRODUCTION Inj.  |  | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |  | WELL STATUS (Producing or shut-in)                      |  |
| 2-12-71   |  | Injection well   |  | Injecting   |  |
| DATE OF TEST  |  | HOURS TESTED   |  | CHOKE SIZE  |  |
| 2-12-71   |  | 24   |  |   |  |
| PROD'N. FOR TEST PERIOD   |  | OIL—BBL.   |  | GAS—MCF.  |  |
|   |  |  |  | WATER—BBL.  |  |
|   |  |  |  | GAS-OIL RATIO   |  |
|   |  |  |  | 1000  |  |
| FLOW. TUBING PRESS.   |  | CASING PRESSURE  |  | CALCULATED 24-HOUR RATE                                 |  |
|   |  |  |  |   |  |
| OIL—BBL.  |  | GAS—MCF.   |  | WATER—BBL.  |  |
|   |  |  |  | OIL GRAVITY-API (CORR.)                                 |  |
|   |  |  |  |   |  |
| 35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  |  |  |  |   |  |
| TEST WITNESSED BY   |  |  |  |   |  |
| 36. LIST OF ATTACHMENTS<br>2 copies of each log listed in 26 above.   |  |  |  |   |  |
| 37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records   |  |  |  |   |  |
| SIGNED  |  | TITLE  |  | DATE  |  |
| J. Roy Dorrrough  |  | District Supt.   |  | 3-1-71  |  |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, Federal and/or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations, and pressure tests, and directional surveys, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sack's Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

[illegible]

No cores, no DST's

MAR 4 1978

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SL-066312 - State

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

--

7. UNIT AGREEMENT NAME

Walker Hollow Unit

8. FARM OR LEASE NAME

Walker Hollow Unit

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Walker Hollow

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 2-7S-23E SLB&M

12. COUNTY OR PARISH

Uintah

13. STATE

Utah

1.

OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR

Humble Oil & Refining Company

3. ADDRESS OF OPERATOR

P. O. Box 120, Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

660' FSL & 1980' FEL (SWSE) Section 2-7S-23E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5452' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒  
☐  
☐  
☐  
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☐  
☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

It is proposed to fracture with 10,000 gallons gelled water  
and 10,000# sand to increase injectivity.

cc: 2 - Utah Oil & Gas Conservation Commission  
1 - Chevron, Vernal  
1 - Midland

APPROVED BY: DIVISION OF  
OIL & GAS CONSERVATION

DATE

9-14-71

BY

Paul A. Birchell

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE District Superintendent

DATE 9-10-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

State

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

---

7. UNIT AGREEMENT NAME

Walker Hollow Unit

8. FARM OR LEASE NAME

Walker Hollow Unit

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Walker Hollow

11. SEC., T., R., M., OR BLEK. AND  
SURVEY OR AREA

Sec 2-7S-23E SLB&amp;M

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5452' GR

12. COUNTY OR PARISH

Uintah

13. STATE

Utah

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☒  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

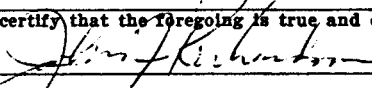
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

9-28-71 - Ran 2-7/8" tbg w/Bridge Plug & Packer. Set Bridge Plug at 5000', tested tubing to 6000# held OK. Set packer at 4930', ran 500 gallons mud acid at 2200#, broke to 1100#. Fraced zones 4947-4956' & 4974-4980' as follows:  
7000 gallons prepad, 16 BPM @ 2900#; 3000 gallons pad - 16 BPM @ 3300#; 4000 gallons gelled water w/4000# 20-40 sand - 16 BPM @ 3100#; 3000 gallons gelled water w/6000# 10-20 sand - 16 BPM @ 3150#; Flushed w/2090 gallons. Inst. SIP 13500#, 15 mins 1050#.  
Pulled 2-7/8" tbg Bridge Plug & packer. Ran 2" tbg w/packer set at 4545'. 24 hour test 10-4-71 injected 1,404 BWPD at 1775#.  
Job complete.

cc: 2 - Utah O&G Commission  
1 - Chevron, Vernal  
1 - Midland

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Dist. Chief EngineerDATE 10-11-71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

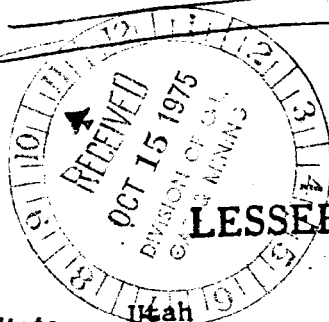
\*See Instructions on Reverse Side

CORRECTED COPY

Form approved.  
Budget Bureau No. 42-R356.5.

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT Walker Hollow Unit

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State Utah County Uintah Field Walker Hollow

The following is a correct report of operations and production (including drilling and producing wells) for the month of August, 1975

Agent's address P. O. Box 1600 Company Exxon Corporation  
Midland, Texas 79701 Signed W. H. Hapton

Phone (915) 684-4411 Agent's title Unit Head, Oil & Gas Acctg.

| SEC. AND 1/4 OF 1/4   | TWP. | RANGE | WELL NO. | DAYS PRODUCED | BARRELS OF OIL | GRAVITY | Cu. Ft. OF GAS (In thousands)<br>Current Mo.<br>Bbls. Inj. | GALLONS OF GASOLINE RECOVERED | BARRELS OF WATER (If none, so state)<br>Cum.<br>Bbls. Inj. | REMARKS<br>(If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas) |
|-----------------------|------|-------|----------|---------------|----------------|---------|--|-------------------------------|--|---|
| WALKER HOLLOW UNIT    |      |       |          |               |                |         |  |                               |  | PSIG  |
| SW SE 12              | 7S   | 23E   | 4        |               | Casing         |         | -  |                               | 95107  |   |
|                       |      |       |          |               | Tubing         |         | 29.610   |                               | 3961894  | 1600  |
| SW SE 7               | 7S   | 24E   | 6        |               | Casing         |         | -  |                               | 137397   |   |
|                       |      |       |          |               | Tubing         |         | 12.342   |                               | 2479843  | 1900  |
| SW SE 8               | 7S   | 24E   | 8        |               | Casing         |         | -  |                               | 168519   |   |
|                       |      |       |          |               | Tubing         |         | 20.183   |                               | 2840816  | 1600  |
| SW NW 9               | 7S   | 24E   | 10       |               | Tubing         |         | 16.625   |                               | 2037840  | 1600  |
| SW SE 4               | 7S   | 24E   | 12       |               | Tubing         |         | 19.30  |                               | 1412843  | 1900  |
| SW SW 12              | 7S   | 23E   | 17       |               | Tubing         |         | 25.716   |                               | 2442190  | 2000  |
| SW SE 1               | 7S   | 23E   | 18       |               | Tubing         |         | 48.709   |                               | 2429472  | 1900  |
| SW SE 11              | 7S   | 23E   | 22       |               | Tubing         |         | 3.3391   |                               | 2154410  | 1600  |
| SW NW 11              | 7S   | 23E   | 26       |               | Tubing         |         | 24.70  |                               | 943328   | 2000  |
| SW NW 8               | 7S   | 24E   | 27       |               | Tubing         |         | 12.192   |                               | 1036048  | 2000  |
| SW SE 2               | 7S   | 23E   | 30       |               | Tubing         |         | 4.714  |                               | 611473   | 2000  |
| SW NE 9               | 7S   | 24E   | 31       |               | Tubing         |         | -  |                               | 271760   | -   |
| SW SW 7               | 7S   | 24E   | 34       |               | Tubing         |         | 8.406  |                               | 568317   | 2000  |
| TOTAL BARREL INJECTED |      |       |          |               |                |         | 216288   |                               | 23591257   |   |

NOTE.—There were ..... runs or sales of oil; ..... M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.

Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other ☐ Water Inj. Well
2. NAME OF OPERATOR  
Exxon Corporation
3. ADDRESS OF OPERATOR  
P.O. Box 1600, Midland, TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL, 1980' FEL (SW SE)  
AT TOP PROD. INTERVAL: Section 2  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) \_\_\_\_\_

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
SL-0066312-State
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
Walker Hollow Unit
8. FARM OR LEASE NAME  
Walker Hollow Unit
9. WELL NO.  
30
10. FIELD OR WILDCAT NAME  
Walker Hollow
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec. 27S-23E
12. COUNTY OR PARISH  
Utah
13. STATE  
Utah
14. API NO.  
45-047-30094
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5452' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Propose to Acidize Perforations:

5573'-5591', 5538'-5549', 5478'-5490', 4974'-4980'  
4947'-4956', 4684'-4694', 4577'-4583'.

APPROVED BY THE DIRECTOR OF  
OIL, GAS, AND MINING

DATE: May 16, 1978

BY: P. R. [Signature]

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ none \_\_\_\_\_

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Unit Head

DATE 4-7-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other Water Inj. Well

2. NAME OF OPERATOR  
Exxon Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 1600, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL, 1980' FEL (SW SE)  
AT TOP PROD. INTERVAL: Section 2  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:               |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) <input type="checkbox"/>              | <input type="checkbox"/>            |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Please see attached.



Subsurface Safety Valve: Manu. and Type None \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. H. Dutton TITLE Unit Head DATE July 21, 1978

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

|  |                   |
|--|-------------------|
| 5. LEASE<br>SL-0066312 State                                     |                   |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                             |                   |
| 7. UNIT AGREEMENT NAME<br>Walker Hollow Unit                     |                   |
| 8. FARM OR LEASE NAME<br>Walker Hollow Unit                      |                   |
| 9. WELL NO.<br>30  |                   |
| 10. FIELD OR WILDCAT NAME<br>Walker Hollow                       |                   |
| 11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA<br>Sec. 2-7S-23E |                   |
| 12. COUNTY OR PARISH<br>Uintah                                   | 13. STATE<br>Utah |
| 14. API NO.<br>45 047 30094                                      |                   |
| 15. ELEVATIONS (SHOW DE KDB AND WD)<br>5452' GR                  |                   |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



Walker Hollow Unit #30  
SW SE Section 2-7S-23E  
Uintah County, Utah

INJECTION WELL WORKOVER ANNOUNCED 7-12-78

Exxon WI 100% - AFE #84057 - to CO sandface w/acid job to return well to recommended inj rate - TD 5654' - PBD 5615'.  
7-12-78 - MIRU Utah-Colorado csg pullers unit - prep to backflow well & pull tbg w/pkr. (AFE #84057, \$12,500 - cost to date \$130.)

7-13 - Backflowed 50 BW - unseated pkr - pulled 2½" tbg w/pkr (pkr drug) - SION - prep to run 3-7/8" bit & csg scraper. (AFE #84057, \$12,500 - cost to date \$780.)

7-14 - Ran bit & scraper - CO scale from 5100' to 5300' - washed sandfill 5570-5615' - circ hole clean - pulled bit & scraper above perms 4575-5591' - SION - prep to pull bit & scraper. (AFE #84057, \$12,500 - cost to date \$3,900.)

7-15 - Pulled bit & scraper - reran 2½" tbg w/Baker 4½" Lok-set pkr to 4545' - loaded hole w/treated wtr - set pkr @ 4545' - RDMO - FRR 7-14-78. (AFE #84057, \$12,500 - cost to date \$4,948.)

7-16 - MIRU Howco - est inj rate 3.2 BPM @ 2500# - acidized perms 4577-5591' w/2500 gal 20% HCl w/250 gal Corexit 7610 & 3 gal Corexit 7652 - pmpd 50 bbl acid used 1 ball sealer/½ bbl of acid (total 100 ball sealers) - no press incr - displ acid w/35 BW - AIR 3 BPM - max press 2530#, min 2530# ISIP 1600#, 15 min SI 1270# - SION. (AFE #84057, \$12,500 - cost to date \$7,643.)

7-17 - SI for Sunday - prep to hook up well for inj.

INJECTION WELL WORKOVER COMPLETED 7-17-78 - SUCCESSFUL

7-18-78 - Hooked up well - started inj - AIR 1056 BPD @ 1400# - FRW 7-17-78. (Expense AFE #84057, \$12,500 - est final cost \$8,000.)

Walker Hollow Unit #30  
SW SE Section 2-7S-23E  
Uintah County, Utah

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|  |  |  |  |
|--|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection   |  | 7. UNIT AGREEMENT NAME<br>Walker Hollow Unit                 |  |
| 2. NAME OF OPERATOR<br>Exxon Corporation   |  | 8. FARM OR LEASE NAME<br>Walker Hollow Unit                  |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1600, Midland, TX 79702  |  | 9. WELL NO.<br>30  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660 FSL, 1980 FEL, SW SE Sec. 2 |  | 10. FIELD AND POOL, OR WILDCAT<br>Walker Hollow              |  |
| 14. PERMIT NO.<br>API 45-047-30094   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>2-7S-23E |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>5452 GR  |  | 12. COUNTY OR PARISH<br>Unitah                               |  |
|  |  | 13. STATE<br>Utah  |  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                              |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/>         | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>              | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>                 | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

See Attached Sheet for Workover Procedure

Dual Ram blowout preventer tested to 100 psi then to 3000 psi will be used.  
2% KCL water with a density of 8.5# will be circulated to kill the well.

APPROVED BY THE DIVISION OF  
OIL, GAS, AND MINING

DATE: 5-22-80

BY: M. J. Minder

18. I hereby certify that the foregoing is true and correct

SIGNED B. C. Sanders TITLE Unit Head

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
MAY 19 1980

DIVISION OF  
OIL, GAS & MINING

\*See Instructions on Reverse Side

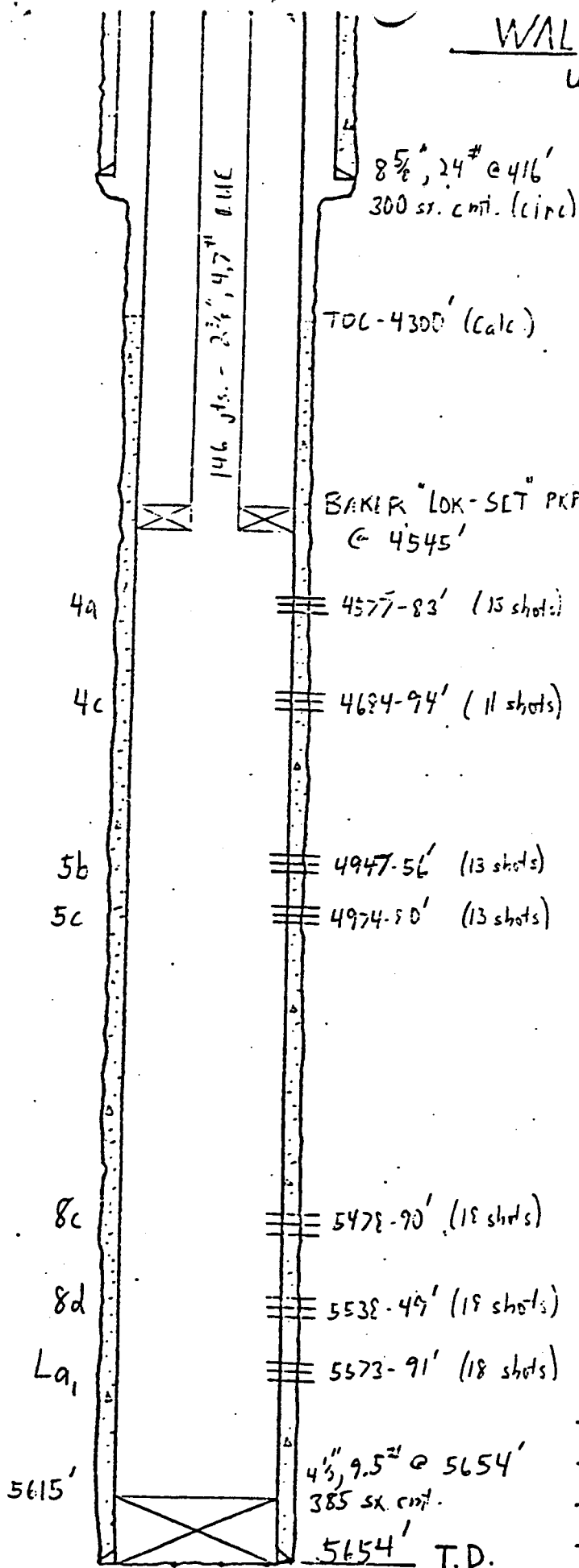
WALKER HOLLOW UNIT NO. 30  
RECOMMENDED WORKOVER PROCEDURE

1. Backflow well 50-100 barrels.
  2. Tag bottom with slickline to check for fill.
  3. If no fill, and pressure data indicates packer is not communicating, proceed with acid job. (See Step 9)
  4. Nipple down tree, nipple up BOP and test at 100 psi and 3000 psi for five minutes at each pressure
  5. Pull tubing and packer. Redress packer.
  6. Run scraper and notched collar or bit and clean out to PBTD of 5615'.
  7. Run tubing with packer to 4540' and reverse circulate 75 barrels of corrosion inhibited water.
  8. Set packer at approximately 4540'. Nipple down BOP and nipple up tree.
  9. Treat down tubing with 4,000 gal 15% NE HCl containing seven drums (385 gal) Corexit 7610 at 4 to 5 BPM as follows:
    1. 1,000 gal 15% NE HCl.
    2. 300# Halliburton TLC-80 and 300# rock salt in a gel consisting of 16# Halliburton WG-12 in 400 gal of water.
    3. 1,500 gal 15% NE HCl.
    4. 300# of TLC-80 and 300# rock salt in gel as before.
    5. 1,500 gal NE HCl as before.
- Do not exceed 3000 psi working pressure.
10. Displace with 50 bbl water.
  11. Return to injection.
  12. Do not return shed to wellhead in preparation for injectivity profiles.

# WALKER HOLLOW UNIT #30

UINTAH COUNTY, UTAH

ZERO IS 13' ABOVE  
GROUND LEVEL



## INITIAL COMPLETION & WORKOVER DATA

2/71 Dr. C. Perf 4a, 4c, 5b, 5c, 8c, 8d.  
La. Using BP & phr. broke each zone  
down & acidized each w/ 100 gal.  
MCA acid 5b & 5c comm. acid.  
9/71 Fraced 5b & 5c comm. w/ 12000  
gal GW, 4000# 20-40 sand, 4000#  
10-20 sand @ 11 BPPM, ISIP 1350  
Inj rate after W/O: 1404 BWPD @ 177'  
7/78 Clean out and acidize with  
2500 gal 20% HCl w/ 250 gal  
Corexit 7610 & 3 gal Corexit 7652  
AIR 1056 BWPD @ 1400'

**EXXON** COMPANY, U.S.A.

2000 CLASSEN CENTER-EAST • OKLAHOMA CITY, OKLAHOMA 73106 • (405) 528-2411

June 23, 1980

RECEIVED  
JUN 25 1980

Mr. Mike Minder  
1588 West North Temple  
Salt Lake City, Utah

DIVISION OF  
OIL, GAS & MINING

Mr. Minder:

We appreciate your verbal approval to proceed with the injectivity profiles at Walker Hollow. In answer to your questions regarding the procedure, a half millicurie of radioactive isotope with a half life of eight days is emitted in the injection well. The velocity and intensity of the isotope is measured at various points in the well bore during injection. With this information, the amount of injection into each zone can be determined. This is a very common waterflood surveillance technique in Oklahoma and Texas for multi-zone fields.

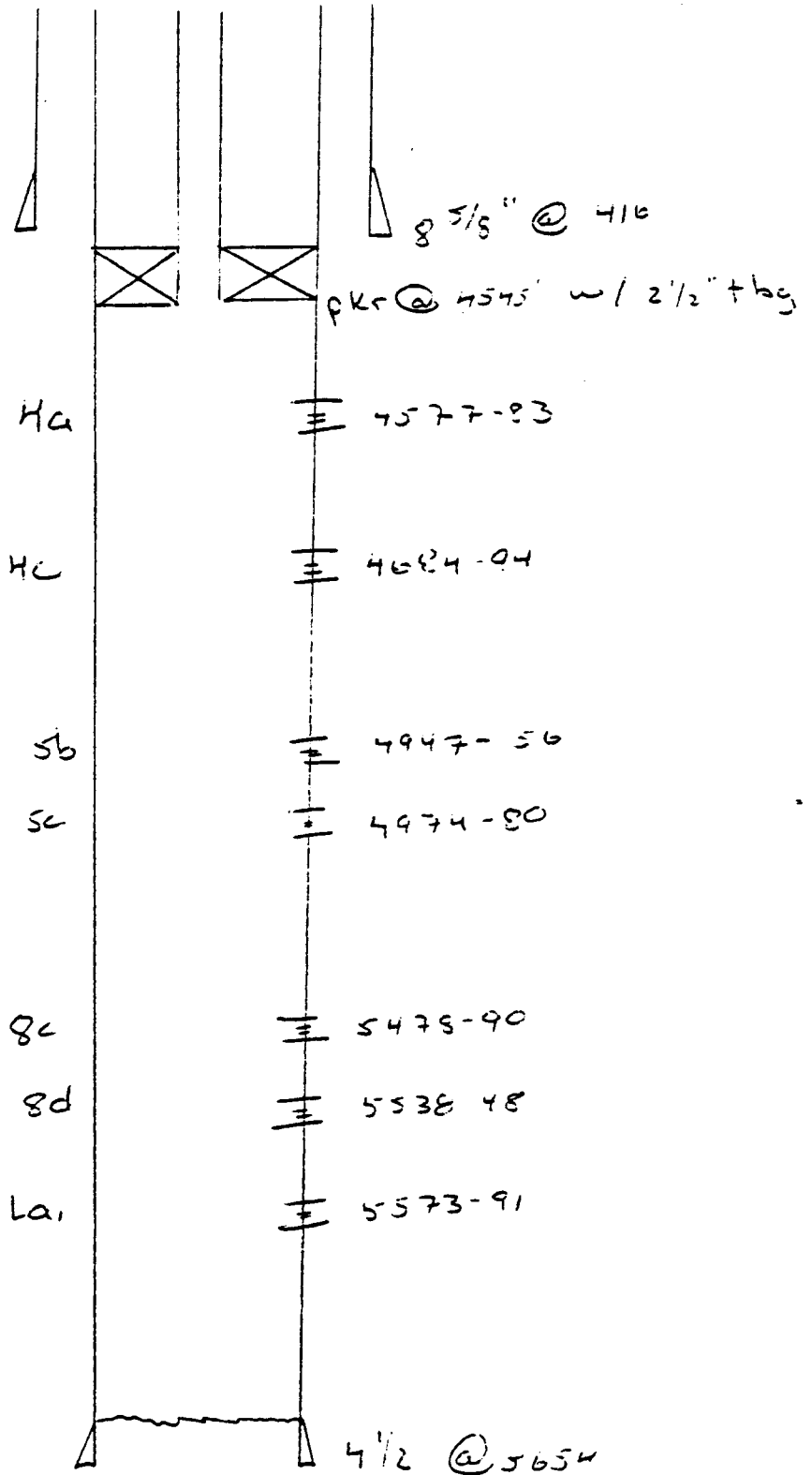
If you have any questions, feel free to contact me in this office at 405-528-2411.

Fred J. Wagner

FJW:fm

# WELL NUMBER 30

ELEVATION : KB 5465



PBTD : 5615

TD : 5654

UTAH DIVISION OF OIL, GAS AND MINING  
CASING-BRADENHEAD TEST

OPERATOR: Exxon

FIELD: Walker Hollow LEASE: \_\_\_\_\_

WELL # 30 SEC. 2 TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_

STATE FED. FEE DEPTH \_\_\_\_\_ TYPE WELL WI MAX. INJ. PRESS. \_\_\_\_\_

TEST DATE 7/13/83

| CASING STRING       | SIZE  | SET AT | CMT   | PRESSURE<br>READINGS | REMARKS | FUTURE |
|---------------------|-------|--------|-------|----------------------|---------|--------|
| <u>SURFACE</u>      | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>INTERMEDIATE</u> | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>PRODUCTION</u>   | _____ | _____  | _____ | <u>0</u>             | _____   | _____  |
| <u>TUBING</u>       | _____ | _____  | _____ | <u>1750</u>          | _____   | _____  |

| CASING STRING       | SIZE  | SET AT | CMT   | PRESSURE<br>READINGS | REMARKS | FUTURE |
|---------------------|-------|--------|-------|----------------------|---------|--------|
| <u>SURFACE</u>      | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>INTERMEDIATE</u> | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>PRODUCTION</u>   | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>TUBING</u>       | _____ | _____  | _____ | _____                | _____   | _____  |

| CASING STRING       | SIZE  | SET AT | CMT   | PRESSURE<br>READINGS | REMARKS | FUTURE |
|---------------------|-------|--------|-------|----------------------|---------|--------|
| <u>SURFACE</u>      | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>INTERMEDIATE</u> | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>PRODUCTION</u>   | _____ | _____  | _____ | _____                | _____   | _____  |
| <u>TUBING</u>       | _____ | _____  | _____ | _____                | _____   | _____  |

# CHECKLIST FOR INJECTION WELL APPLICATION AND FILE REVIEW

\* \* \* \* \*

Operator: Exxon Well No. WHU # 30  
 County: Vander T 2 R 75 Sec. 23E API# 43-047-30094  
 New Well ☐ Conversion ☒ Disposal Well ☐ Enhanced Recovery Well ☒

|   | YES            | NO          |
|---|----------------|-------------|
| UIC Forms Completed   | <u>✓</u>       | <u>    </u> |
| Plat including Surface Owners, Leaseholders,<br>and wells of available record | <u>✓</u>       | <u>    </u> |
| Schematic Diagram   | <u>✓</u>       | <u>    </u> |
| Fracture Information  | <u>    </u>    | <u>✓</u>    |
| Pressure and Rate Control   | <u>✓</u>       | <u>    </u> |
| Adequate Geologic Information   | <u>✓</u>       | <u>    </u> |
| Fluid Source  | <u>Granite</u> |             |

|   |              |                |                  |
|---|--------------|----------------|------------------|
| Analysis of Injection Fluid                           | Yes <u>✓</u> | No <u>    </u> | TDS <u>7000+</u> |
| Analysis of Water in Formation<br>to be injected into | Yes <u>✓</u> | No <u>    </u> | TDS <u>7000+</u> |

|                                   |                |                             |
|-----------------------------------|----------------|-----------------------------|
| Known USDW in area                | <u>Intake</u>  | Depth <u>300-</u>           |
| Number of wells in area of review | <u>6</u>       | Prod. <u>5</u> P&A <u>0</u> |
|                                   | Water <u>0</u> | Inj. <u>1</u>               |

|                   |              |                |
|-------------------|--------------|----------------|
| Aquifer Exemption | Yes <u>✓</u> | NA <u>    </u> |
|-------------------|--------------|----------------|

|                           |              |                |
|---------------------------|--------------|----------------|
| Mechanical Integrity Test | Yes <u>✓</u> | No <u>    </u> |
|---------------------------|--------------|----------------|

Date 7-13-83 Type Branded

Comments: Top of Cement 4300 Bottom 5654

Reviewed by: ABF



STATE OF UTAH  
DIVISION OF OIL, GAS, AND MINING  
ROOM 4241 STATE OFFICE BUILDING  
SALT LAKE CITY, UTAH 84114  
(801) 533-5771  
(RULE I-5 & RULE I-4)

FORM NO. DOGM-UIC-1  
(Revised 1982)

IN THE MATTER OF THE APPLICATION OF

Exxon Corporation  
ADDRESS P. O. Box 1600  
Midland, TX ZIP 79702  
INDIVIDUAL    PARTNERSHIP    CORPORATION X  
FOR ADMINISTRATIVE APPROVAL TO DISPOSE OR  
INJECT FLUID INTO THE Walker Hollow #30 WELL  
SEC. 2 TWP. 7S RANGE 23E  
Uintah COUNTY, UTAH

CAUSE NO. \_\_\_\_\_

|                             |                                     |
|-----------------------------|-------------------------------------|
| ENHANCED RECOVERY INJ. WELL | <input checked="" type="checkbox"/> |
| DISPOSAL WELL               | <input type="checkbox"/>            |
| LP GAS STORAGE              | <input type="checkbox"/>            |
| EXISTING WELL (RULE I-4)    | <input type="checkbox"/>            |

APPLICATION

Comes now the applicant and shows the Corporation Commission the following:

1. That Rule I-5 (g) (iv) authorizes administrative approval of enhanced recovery injections, disposal or LP Gas storage operations.
2. That the applicant submits the following information.

|   |  |  |                          |
|---|--|--|--------------------------|
| Lease Name<br><u>Walker Hollow Unit</u>   | Well No.<br><u>30</u>  | Field<br><u>Walker Hollow</u>  | County<br><u>Uintah</u>  |
| Location of Enhanced Recovery<br>Injection or Disposal Well <u>SE/4</u> Sec. <u>2</u> Twp. <u>7S</u> Rge. <u>23E</u>  |  |  |                          |
| New Well To Be Drilled<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | Old Well To Be Converted - Existing<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Injector                    | Casing Test<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>N/A</u> |                          |
| Depth-Base Lowest Known<br>Fresh Water Within 1/2 Mile <u>Unknown</u>   | Does Injection Zone Contain<br>Oil-Gas-Fresh Water Within 1/2 Mile YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  | State What<br><u>Oil</u> |
| Location of Injection Source(s)<br><u>Walker Hollow Unit</u><br><u>Production</u>   |  | Geologic Name(s)<br>and Depth of Source(s) <u>Green River - 5000'</u>                              |                          |
| Geologic Name of Injection Zone<br><u>Green River</u>   |  | Depth of Injection Interval<br><u>4577'</u> to <u>5591'</u>  |                          |
| a. Top of the Perforated Interval:<br><u>4577'</u>  | b. Base of Fresh Water:<br><u>Shallower than 300'</u>  | c. Intervening Thickness (a minus b)<br><u>Unknown</u>   |                          |
| Is the intervening thickness sufficient to show fresh water will be protected without additional data?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |                          |
| Lithology of Intervening Zones <u>Shale and Sandstone</u>   |  |  |                          |
| Injection Rates and Pressures<br>Maximum <u>2500</u> B/D<br><u>2500</u> PSI   |  |  |                          |
| The Names and Addresses of Those to Whom Notice of Application Should be Sent.<br><u>Not required for existing wells</u>  |  |  |                          |
|   |  |  |                          |
|   |  |  |                          |
|   |  |  |                          |

State of Texas

County of Midland

Before me, the undersigned authority, on this day personally appeared W. H. Crouse known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Suscribed and sworn to before me this 6<sup>th</sup> day of October, 19 83

SEAL

My commission expires 11-10-84

W. H. Crouse  
Applicant  
W. H. Crouse  
Notary Public in and for Midland Co., Texas

(OVER)

## INSTRUCTIONS

1. Attach qualitative and quantitative analysis of representative sample of water to be injected and a qualitative and quantitative analysis of the injection formation of water.
2. Attach plat showing subject well and all known oil and gas wells, abandoned, drilling and dry holes within one-half mile, together and with the name of the operator(s).
3. Attach Drillers Log (Form DOGM-UIC-2). (Appropriate Surety must be on file with Conservation Division or appropriate government agencies.)
4. Attach Electric or Radioactivity Log of Subject well (if released).
5. Attach schematic drawing of subsurface facilities including; Size, setting depth, amount of cement used measured or calculated tops of cement surface, intermediate (if any) and production casings; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone showing top and bottom of injection interval.
6. If the application is for a NEW well the original and six (6) copies of the application and three (3) complete sets of attachments shall be mailed to the Division. For EXISTING well applications (Rule I-4) only ONE copy of the application and ONE complete set of attachments are required to be mailed to the Division.
7. The Division is required to send notice of application to the surface owner of the land within one-half mile of the injection well and to each operator of a producing leasehold within one-half mile of the injection well. List all required names and addresses in the appropriate space provided on the front of this form.
8. Notice that an application has been filed shall be published by the Division in a newspaper of general circulation in the county of publication before the application is approved. The notice shall include the name and address of applicant, location of proposed injection or disposal well, injection zone, injection pressure and volume. If no written objection is received within 15 days from date of publication the application may be approved administratively.
9. A well shall not be used for injection or disposal unless completed machine accounting Form DOGM-UIC-3b is filed by January 31st each year.
10. Approval of this application, if granted, is valid only as long as there is no substantial change in the operations set forth in the application. A substantial operation change requires the approval of a new application.
11. If there is less intervening thickness required by Rule I-5 (b) 4, attach sworn evidence and data.
12. For enhanced recovery projects, information required by Rule I-4 which is common to more than one well, need be reported only once on the application.

## CASING AND TUBING DATA

| NAME OF STRING       | SIZE                                     | SETTING DEPTH | SACKS CEMENT  | TOP OF CEMENT | TOP DETERMINED BY                      |
|----------------------|--|---------------|---|---------------|--|
| Surface              | 8-5/8"                                   | 416'          | 300   | Surface       | Circulation                            |
| Intermediate         |  |               |   |               |  |
| Production           | 4-1/2"                                   | 5654'         | 384   | 4300'±        | Calculation                            |
| Tubing               | 2-7/8"                                   | 4545'         | Name - Type - Depth of Tubing Packer<br>Baker "Lok-Set" @ 4545' |               |  |
| Total Depth<br>5654' | Geologic Name - Inj. Zone<br>Green River |               | Depth - Top of Inj. Interval<br>4577'                           |               | Depth - Base of Inj. Interval<br>5591' |

PLEASE TYPE OR USE BLACK INK ONLY

(To be filed within 30 days after drilling is completed)

DEPARTMENT OF NATURAL RESOURCES AND ENERGY

COUNTY  
LEASE NO.

API NO. \_\_\_\_\_

640 Acres  
N

DIVISION OF OIL, GAS, AND MINING  
Room 4241 State Office Building  
Salt Lake City, Utah 84114

COUNTY Uintah SEC. 2 TWP. 7S RGE. 23E

COMPANY OPERATING Exxon Corporation

OFFICE ADDRESS P. O. Box 1600

TOWN Midland STATE TX ZIP 79702

FARM NAME Walker Hollow WELL NO. 30

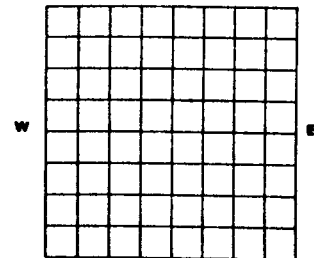
DRILLING STARTED 1-6 1971 DRILLING FINISHED 1-8 1971

DATE OF FIRST PRODUCTION 2-11-71 COMPLETED 2-12-71

WELL LOCATED 1/4 1/4 1/4

       FT. FROM SL OF 1/4 SEC. &        FT. FROM WL OF 1/4 SEC.

ELEVATION DERRICK FLOOR        GROUND       



S  
Locate Well Correctly  
and Outline Lease

TYPE COMPLETION

Single Zone X

Multiple Zone       

Comingled       

LOCATION EXCEPTION

OIL OR GAS ZONES

| Name | From | To | Name | From | To |
|------|------|----|------|------|----|
|      |      |    |      |      |    |
|      |      |    |      |      |    |
|      |      |    |      |      |    |
|      |      |    |      |      |    |

CASING & CEMENT

| Casing Set |      |       |       | Csg. Test | Cement |        |         |
|------------|------|-------|-------|-----------|--------|--------|---------|
| Size       | Wgt. | Grade | Feet  | Psi       | Sex    | Fillup | Top     |
| 8-5/8"     | 24#  |       | 416'  |           | 300    |        | Surface |
| 4-1/2"     | 95#  |       | 5654' |           | 385    |        | 4300±   |
|            |      |       |       |           |        |        |         |
|            |      |       |       |           |        |        |         |
|            |      |       |       |           |        |        |         |

TOTAL DEPTH 5654

PACKERS SET

DEPTH Baker "Cok-set" Pkr @ 4545

NOTE: THIS FORM MUST ALSO BE ATTACHED WHEN FILING PLUGGING FORM DOGM-UIC-6

COMPLETION & TEST DATA BY PRODUCING FORMATION

1

2

3

|   |                   |  |  |
|---|-------------------|--|--|
| FORMATION   | Green River       |  |  |
| SPACING & SPACING ORDER NO.                                       |                   |  |  |
| CLASSIFICATION (DISPOSAL WELL, ENHANCED RECOVERY, LP GAS STORAGE) | Enhanced Recovery |  |  |
| PERFORATED  | 4577-5591         |  |  |
| INTERVALS   |                   |  |  |
|   |                   |  |  |
|   |                   |  |  |
| ACIDIZED?   | w/15% HCl         |  |  |
|   |                   |  |  |
| FRACTURE TREATED?   | Sand Frac'd       |  |  |

INITIAL TEST DATA

Date

Oil, bbl./day

Oil Gravity

Gas, Cu. Ft./day

Gas-Oil Ratio Cu. Ft./Bbl.

Water-Bbl./day

Pumping or Flowing

CHOKE SIZE

FLOW TUBING PRESSURE

|          |    |    |
|----------|----|----|
| 2/12/71  |    |    |
|          |    |    |
|          |    |    |
| CF       | CF | CF |
|          |    |    |
| 1000     |    |    |
|          |    |    |
|          |    |    |
| 1000 psi |    |    |

A record of the formations drilled through, and pertinent remarks are presented on the reverse.  
(use reverse side)

I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and to the best of my knowledge and belief.

Original signed by

Telephone        John F. Richardson, 7/10/70

Name and title of representative of company

Subscribed and sworn before me this        day of       , 19

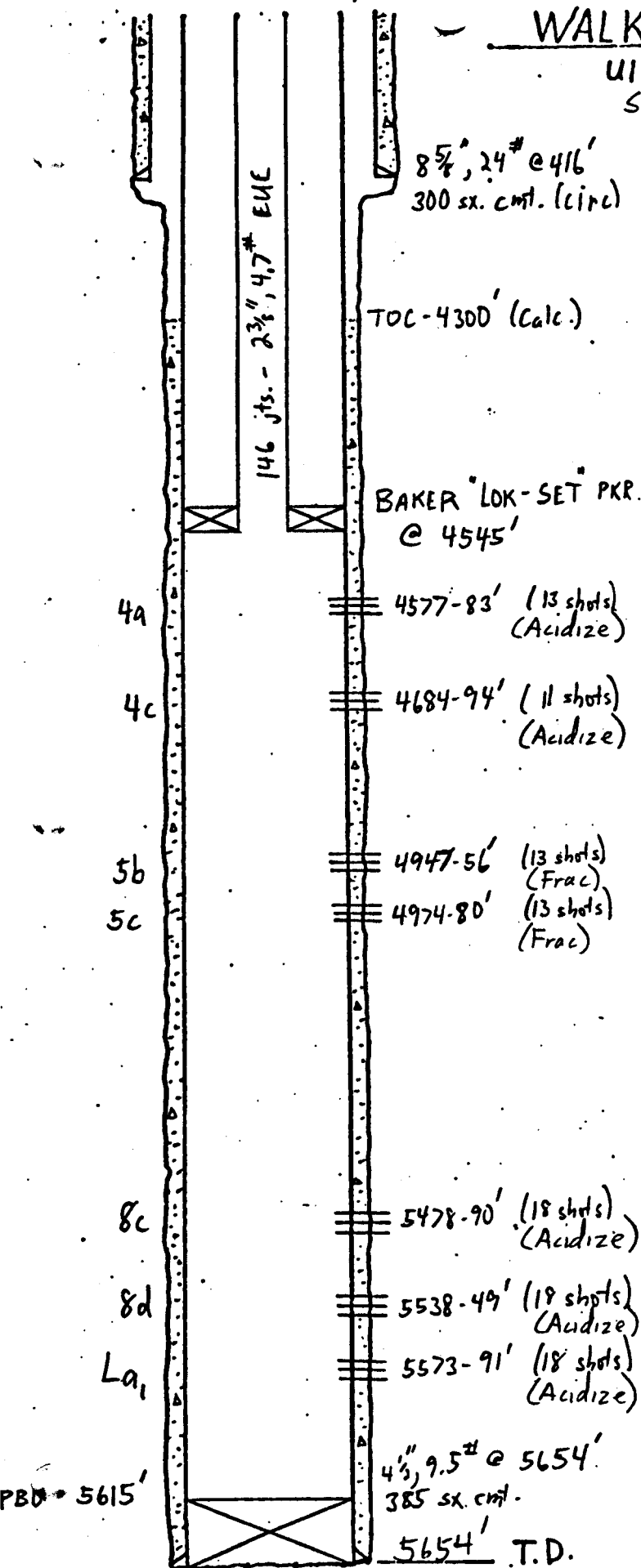
# WALKER HOLLOW UNIT #30

UINTAH COUNTY, UTAH

Sec. 2, T7S, R23E

ZERO IS 13' ABOVE  
GROUND LEVEL

Cement bond between casing and formation  
is adequate.



## INITIAL COMPLETION & WWO DATA

2/71 D+C. Perf 4a, 4c, 5b, 5c, 8c, 8d.  
La. Using BP+ pkr, broke each zone  
down & acidized each w/ 100 gal.  
MCA acid. 5b & 5c communicated.  
9/71 Fraced 5b & 5c common w/ 17000  
gal GW, 4000# 20-40 sand, 6000#  
10-20 sand @ 16 BPM. ISIP 1350 psi  
Inj. rate after W.D.: 1404 BWPD @ 1775#  
7/78 - Workover - Clean out wellbore  
and acidize perf'd zones with 2500 gal  
20% HCL. Inhibit annulus  
1/83 - Current inj. rate is 378  
BWPD @ 1700 psi.

1) Permit #

2) Vol. & Pressure Limitations:

|    | YES                                 | NO                       |   |
|----|-------------------------------------|--------------------------|---|
| 3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does well have opening with valve               |
|    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | to annulus? Is it kept closed?                  |
| 4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does well have inj. pres. connection?           |
| 5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does well have an inhibited packer fluid        |
|    |                                     |                          | containing a bactericide & corrosion inhibitor? |

BY: RSW

Revised: JEA

DATE: 3-23-78

2-10-83

Utah Division of Oil, Gas, and Mining  
Casing - Bradenhead Test

Operator: EXXON CORPORATION Field/Unit: WALKER HOLLOW  
Well: WH #30 Township: 07S Range: 23E Sect: 2  
API: 43-047-30094 Welltype: INJW Max Pressure: 2500  
Lease type: STATE Surface Owner: STATE  
Test Date:

| CASING STRING | SIZE | SET AT | PRESSURE | OBSERVATIONS |
|---------------|------|--------|----------|--------------|
|---------------|------|--------|----------|--------------|

|          |       |     |  |  |
|----------|-------|-----|--|--|
| Surface: | 8 5/8 | 416 |  |  |
|----------|-------|-----|--|--|

|               |  |   |  |  |
|---------------|--|---|--|--|
| Intermediate: |  | 0 |  |  |
|---------------|--|---|--|--|

|             |       |      |  |  |
|-------------|-------|------|--|--|
| Production: | 4 1/2 | 5654 |  |  |
|-------------|-------|------|--|--|

*well Failed  
MIT*

|        |  |   |  |  |
|--------|--|---|--|--|
| Other: |  | 0 |  |  |
|--------|--|---|--|--|

|         |       |  |  |  |
|---------|-------|--|--|--|
| Tubing: | 2 7/8 |  |  |  |
|---------|-------|--|--|--|

|         |  |      |  |  |
|---------|--|------|--|--|
| Packer: |  | 4545 |  |  |
|---------|--|------|--|--|

Recommendations: This well had been SI for a couple of weeks for a change out in well head gaskets. Pressured casing to 1000 psi - Bled off to 500 in about 3 min. Tubing pressure was 1550 psi. Repressured to 1000 psi. Bled off to 550 psi in 7 min. Surf. Casing pressure = 0. Check for possible leaks above packer or casing head.  
D. Evans 5/8/69 *well Failed*

P 879 596 083

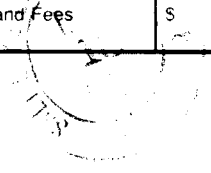
## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985 Walker Hollow Unit 30

|   |    |
|---|----|
| Sent to<br><i>Gannon Company</i>  |    |
| Street and No.  |    |
| P.O., State and ZIP Code<br><i>Box 44 Ut 84078</i>  |    |
| Postage   | \$ |
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee   |    |
| Return Receipt showing<br>to whom and Date Delivered  |    |
| Return Receipt showing to whom,<br>Date, and Address of Delivery                                      |    |
| TOTAL Postage and Fees  | \$ |
| Postmark or Date<br> |    |



Norman H. Bangerter

Governor

Dee C. Hansen

Executive Director

Dianne R. Nielson, Ph.D.

Division Director

# State of Utah

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF OIL, GAS AND MINING

355 West North Temple

3 Triad Center, Suite 350

Salt Lake City, Utah 84180-1203

801-538-5340

*File*

May 17, 1989

CERTIFIED RETURN RECEIPT REQUESTED  
P 879 596 083

Exxon Company, U.S.A.  
P. O. Box AA  
Vernal, UT 84078

Gentlemen:

Re: Pressure Testing of Class II Injection Wells - Walker Hollow  
Unit, Uintah County, Utah

Pressure testing was performed on eleven injection wells located in the Walker Hollow Unit on May 8, 1989. Three of the wells, the No. 12, 30 and 31 failed to demonstrate mechanical integrity.

Please make arrangements to perform remedial work on the No. 12, 30 and 31 wells as soon as possible but no later than 90 days following receipt of this letter.

Sincerely,

Gil Hunt  
UIC Program Manager

UI1/108

CORRECTION TO DIRECTOR'S MINUTES OF SEPTEMBER 21, 1994; ML 44446 BUILDING  
STONE/LIMESTONE

The Director's Minutes of September 21, 1994, list State of Utah Building Stone/Limestone Lease ML 44446 as being cancelled for non-payment. Chemcial Lime Company, lessee, has been notified of their default in this matter and with the right to cure, they have complied with this office and provided the required past due rentals with interest and pentalites. Therefore, the Director's Minutes of Septemer 21, 1994, should be corrected to show that ML 44446 was not cancelled for non-payment.

Upon recommendation of Mr. Cooper, the Director approved the correction to the Director's Minutes of September 21, 1994.

\* \* \* \* \*

TERMINATION OF THE INDIANOLA UNIT

Hunt Oil Company, operator of the Indianola Unit, has furnished this office with evidence that this unit was terminated by the Bureau of Land Management on February 24, 1995.

The records of the following leases should be noted to show the termination of this unit.

|          |                              |
|----------|------------------------------|
| ML 41655 | Shell Onshore Ventures, Inc. |
| ML 41658 | Shell Onshore Ventures, Inc. |

Due to the termination of the unit, the terms of ML 41655 and ML 41658 will be extended until February 24, 1997.

Upon recommendation of Mr. Bonner, the Director noted the termination of the Indianola Unit and approved the extension of ML 41655 and ML 41658.

STATEWIDE BOND OF LESSEE

Citation Oil & Gas Corporation has submitted an \$80,000 State of Utah Statewide Bond of Lessee to cover their oil and gas exploration and development operations on Trust lands. The surety is Gulf Insurance Company, Bond No. 587800.

Upon recommendation of Mr. Bonner, the Director accepted Bond No. 587800 as described above.



**EXXON** COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

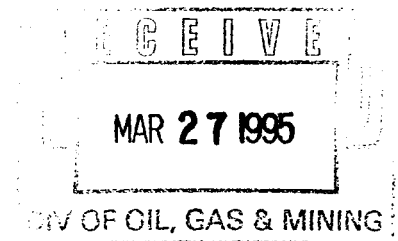
MIDLAND PRODUCTION ORGANIZATION

OPERATIONS INTEGRITY

March 23, 1995

Operator Change  
Walker Hollow (Green River) Unit  
Summit County, Utah

Utah Oil & Gas Conservation Commission  
Utah Division of Oil, Gas & Mining  
355 West North Temple  
State Office Building  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203



Attention: Leisha Cordova

Effective April 1, 1995, Citation Oil & Gas Corp. will replace Exxon Corp. as operator of the Walker Hollow (Green River) Unit. Attached is a list of locations, API numbers and lease numbers for wells in the subject unit.

Please direct questions concerning this property transfer to me at (915) 688-7875.

Sincerely,

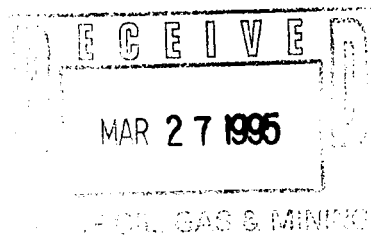
A handwritten signature in black ink, appearing to read "S. Johnson", written over a horizontal line.

Stephen Johnson

SJJ/mym  
Enclosure

# WALKER HOLLOW (GREEN RIVER) UNIT WELLS

| WELL | 1/4 SEC | S-T-R     | API NUMBER     | LEASE NUMBER |
|------|---------|-----------|----------------|--------------|
| 1    | SWSW    | 8-7S-24E  | 4304715554✓    | U-02512      |
| 2    | SWNE    | 8-7S-24E  | 4304715556✓    | SLC-066357   |
| 3    | SWSW    | 7-7S-24E  | 4304715557✓    | SLC-066357   |
| 4    | SWSE    | 12-7S-23E | 4304716501 w/w | SLC-066357   |
| 5    | SWSW    | 12-7S-23E | 4304715558✓    | SLC-066357   |
| 6    | SWSE    | 7-7S-24E  | 4304716502 w/w | SLC-066357   |
| 7    | NESE    | 12-7S-23E | 4304715559 w/w | SLC-066357   |
| 8    | SWSE    | 8-7S-24E  | 4304716503 w/w | U-02512      |
| 10   | SWNW    | 9-7S-24E  | 4304715561 w/w | U-02512      |
| 11   | NENW    | 9-7S-24E  | 4304715562✓    | U-02512      |
| 12   | SWSE    | 4-7S-24E  | 4304716504 w/w | SLC-066313   |
| 13   | NESW    | 8-7S-24E  | 4304715563✓    | U-02512      |
| 14   | NESE    | 7-7S-24E  | 4304715564✓    | SLC-066357   |
| 15   | NENW    | 12-7S-23E | 4304715565✓    | SLC-066357   |
| 16   | NESW    | 7-7S-24E  | 4304715566✓    | SLC-066357   |
| 17   | SWNW    | 12-7S-23E | 4304715567 w/w | SLC-066357   |
| 18   | SWSE    | 1-7S-23E  | 4304715568 w/w | SLC-066312   |
| 20   | NESE    | 11-7S-23E | 4304715569✓    | SLC-066357   |
| 21   | NESE    | 1-7S-23E  | 4304715570✓    | SLC-066312   |
| 22   | SWSE    | 11-7S-23E | 4304715571 w/w | SLC-066357   |
| 23   | SWNE    | 11-7S-23E | 4304715572✓    | SLC-066357   |
| 24   | NESW    | 11-7S-23E | 4304715573✓    | SLC-066357   |
| 25   | SWSW    | 1-7S-23E  | 4304730040✓    | SLC-066312   |
| 26   | SWNW    | 11-7S-23E | 4304715548 w/w | SLC-066357   |
| 27   | SWNW    | 8-7S-24E  | 4304730082 w/w | SLC-066357   |
| 28   | NWSW    | 9-7S-24E  | 4304730092✓    | U-02512      |
| 29   | SWSW    | 11-7S-23E | 4304730093✓    | SLC-066357   |
| 30   | SWSE    | 2-7S-23E  | 4304730094 w/w | ML-3175      |
| 31   | SWNE    | 9-7S-24E  | 4304711512 w/w | U-02512      |
| 32   | NENE    | 9-7S-24E  | 4304730132✓    | U-02512      |
| 33   | SWNE    | 12-7S-23E | 4304730133✓    | SLC-066357   |
| 34   | SWNW    | 7-7S-24E  | 4304730134 w/w | SLC-066357   |
| 35   | NENE    | 11-7S-23E | 4304730281 w/w | SLC-066357   |
| 36   | NESW    | 12-7S-23E | 4304730282✓    | SLC-066357   |
| 37   | NENW    | 11-7S-23E | 4304730417✓    | SLC-066357   |
| 38   | NENE    | 12-7S-23E | 4304730418✓    | SLC-066357   |
| 39   | NESE    | 10-7S-23E | 4304730415✓    | U-02651-C    |
| 40   | NENE    | 8-7S-24E  | 4304730690✓    | SLC-066357   |
| 41   | NWSE    | 8-7S-24E  | 4304730691✓    | U-02512      |
| 42   | NWSE    | 11-7S-23E | 4304730692✓    | SLC-066357   |
| 43   | SWNE    | 1-7S-23E  | 4304730687✓    | SLC-066312   |
| 44   | NESE    | 2-7S-23E  | 4304730688✓    | ML-3175      |
| 45   | NENE    | 1-7S-23E  | 4304730897✓    | SLC-066312   |
| 46   | NESW    | 1-7S-23E  | 4304730416✓    | SLC-066312   |
| 47   | SWNE    | 2-7S-23E  | 4304730888✓    | SLC-066312   |
| 48   | NENE    | 7-7S-24E  | 4304730891✓    | SLC-066357   |
| 49   | SWSW    | 4-7S-24E  | 4304730892✓    | SLC-066313   |
| 52   | NWSW    | 8-7S-24E  | 4304730945✓    | U-02512      |
| 54   | SESW    | 1-7S-23E  | 4304730893✓    | SLC-066312   |
| 55   | NWNW    | 12-7S-23E | 4304730894✓    | SLC-066357   |
| 56   | SENE    | 11-7S-23E | 4304730911✓    | SLC-066357   |
| 57   | NWNE    | 11-7S-23E | 4304730895✓    | SLC-066357   |
| 58   | SESE    | 2-7S-23E  | 4304730912✓    | ML-3175      |
| 59   | SESW    | 8-7S-24E  | 4304730946✓    | U-02512      |
| 60   | SESE    | 11-7S-23E | 4304730913✓    | SLC-066357   |
| 62   | SWNE    | 10-7S-23E | 4304730914✓    | U-02651-C    |
| 63   | SWNW    | 1-7S-23E  | 4304730916✓    | SLC-066312   |
| 64   | SWNW    | 6-7S-24E  | 4304730947✓    | SLC-066313   |
| 66   | NENE    | 10-7S-23E | 4304731131✓    | U-02651-C    |
| 69   | NESW    | 2-7S-23E  | 4304731665✓    | ML-3175      |
| 72   | SWNW    | 2-7S-23E  | 4304731227✓    | ML-3175      |
| 73   | SWSE    | 3-7S-23E  | 4304731032✓    | SLC-066312   |
| 74   | SESW    | 3-7S-23E  | 4304731031✓    | SLC-066357   |
| 75   | SWSW    | 2-7S-23E  | 4304731182✓    | ML-3175      |
| 76   | NENW    | 1-7S-23E  | 4304731542✓    | SLC-066312   |
| 77   | NENE    | 1-7S-23E  | 4304731563✓    | SLC-066312   |
| 101  | SWNE    | 7-7S-24E  | 4304715555✓    | SLC-066357   |



STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

RECEIVED

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

5. Lease Designation and Serial Number:

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

Walker Hollow Unit

8. Well Name and Number:

see below

9. API Well Number:

see below

10. Field and Pool, or Wildcat:

Walker Hollow (Green River)

1. Type of Well: OIL ☐ GAS ☐ OTHER:

2. Name of Operator:

Citation Oil &amp; Gas Corp.

3. Address and Telephone Number:

8223 Willow Place S. Ste 250 Houston, TX 77070 713-469-9664

4. Location of Well

Footages:

OO, Sec., T., R., M.:

County: Uintah

State: Utah

## 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT  
(Submit in Duplicate)

- ☐ Abandonment ☐ New Construction  
☐ Casing Repair ☐ Pull or Alter Casing  
☐ Change of Plans ☐ Recompletion  
☐ Conversion to Injection ☐ Shoot or Acidize  
☐ Fracture Treat ☐ Vent or Flare  
☐ Multiple Completion ☐ Water Shut-Off  
☐ Other Change of Operator

Approximate date work will start \_\_\_\_\_

SUBSEQUENT REPORT  
(Submit Original Form Only)

- ☐ Abandonment ☐ New Construction  
☐ Casing Repair ☐ Pull or Alter Casing  
☐ Change of Plans ☐ Shoot or Acidize  
☐ Conversion to Injection ☐ Vent or Flare  
☐ Fracture Treat ☐ Water Shut-Off  
☐ Other \_\_\_\_\_

Date of work completion \_\_\_\_\_

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

\* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Effective April 1, 1995 Citation Oil &amp; Gas Corp. took over as operator of the Walker Hollow Unit from Exxon Company, USA.

The wells involved are as follows:

|                        |              |                  |
|------------------------|--------------|------------------|
| Walker Hollow Unit #1  | 43-047-15554 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #2  | 43-047-15556 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #3  | 43-047-15557 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #4  | 43-047-16501 | Sec. 12 T7S R23E |
| Walker Hollow Unit #5  | 43-047-15558 | Sec. 12 T7S R23E |
| Walker Hollow Unit #6  | 43-047-16502 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #7  | 43-047-05580 | Sec. 12 T7S R23E |
| Walker Hollow Unit #8  | 43-047-16503 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #9  | 43-047-15560 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #10 | 43-047-15561 | Sec. 9 T7S R24E  |

13.

continued on back

Name &amp; Signature: Sharon Ward

*Sharon Ward*

Title: Production Reg. Supv.

Date: 4-6-95

(This space for State use only)

The following are the list of wells involved in the change of operator on the Walker Hollow Unit from Exxon Company USA to Citation Oil & Gas Corp. effective April 1, 1995.

|                         |              |                  |
|-------------------------|--------------|------------------|
| Walker Hollow Unit #11  | 43-047-15562 | Sec. 9 T7S R24E  |
| Walker Hollow Unit #12  | 43-047-16504 | Sec. 4 T7S R24E  |
| Walker Hollow Unit #13  | 43-047-15563 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #14  | 43-047-15564 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #15  | 43-047-15565 | Sec. 12 T7S R23E |
| Walker Hollow Unit #16  | 43-047-15566 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #17  | 43-047-15567 | Sec. 12 T7S R23E |
| Walker Hollow Unit #18  | 43-047-15568 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #20  | 43-047-15569 | Sec. 11 T7S R23E |
| Walker Hollow Unit #21  | 43-047-15570 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #22  | 43-047-15571 | Sec. 11 T7S R23E |
| Walker Hollow Unit #23  | 43-047-15572 | Sec. 11 T7S R23E |
| Walker Hollow Unit #24  | 43-047-15573 | Sec. 11 T7S R23E |
| Walker Hollow Unit #25  | 43-047-30040 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #26  | 43-047-15548 | Sec. 11 T7S R23E |
| Walker Hollow Unit #27  | 43-047-30082 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #28  | 43-047-30092 | Sec. 9 T7S R24E  |
| Walker Hollow Unit #29  | 43-047-30093 | Sec. 11 T7S R23E |
| Walker Hollow Unit #30  | 43-047-30094 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #31  | 43-047-11512 | Sec. 9 T7S R24E  |
| Walker Hollow Unit #32  | 43-047-30132 | Sec. 9 T7S R24E  |
| Walker Hollow Unit #33  | 43-047-30133 | Sec. 12 T7S R23E |
| Walker Hollow Unit #34  | 43-047-30134 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #35  | 43-047-30281 | Sec. 11 T7S R23E |
| Walker Hollow Unit #36  | 43-047-30282 | Sec. 12 T7S R23E |
| Walker Hollow Unit #37  | 43-047-30417 | Sec. 11 T7S R23E |
| Walker Hollow Unit #38  | 43-047-30418 | Sec. 12 T7S R23E |
| Walker Hollow Unit #39  | 43-047-30415 | Sec. 12 T7S R23E |
| Walker Hollow Unit #40  | 43-047-30690 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #41  | 43-047-30691 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #42  | 43-047-30692 | Sec. 11 T7S R23E |
| Walker Hollow Unit #43  | 43-047-30687 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #44  | 43-047-30688 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #45  | 43-047-30897 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #46  | 43-047-30416 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #47  | 43-047-30888 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #48  | 43-047-30891 | Sec. 7 T7S R24E  |
| Walker Hollow Unit #49  | 43-047-30892 | Sec. 4 T7S R24E  |
| Walker Hollow Unit #52  | 43-047-30945 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #54  | 43-047-30893 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #55  | 43-047-30894 | Sec. 12 T7S R23E |
| Walker Hollow Unit #56  | 43-047-30911 | Sec. 11 T7S R23E |
| Walker Hollow Unit #57  | 43-047-30895 | Sec. 11 T7S R23E |
| Walker Hollow Unit #58  | 43-047-30912 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #59  | 43-047-30946 | Sec. 8 T7S R24E  |
| Walker Hollow Unit #60  | 43-047-30913 | Sec. 11 T7S R23E |
| Walker Hollow Unit #62  | 43-047-30914 | Sec. 10 T7S R23E |
| Walker Hollow Unit #63  | 43-047-30916 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #64  | 43-047-30947 | Sec. 6 T7S R24E  |
| Walker Hollow Unit #66  | 43-047-31131 | Sec. 10 T7S R23E |
| Walker Hollow Unit #69  | 43-047-31665 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #72  | 43-047-31227 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #73  | 43-047-31032 | Sec. 3 T7S R23E  |
| Walker Hollow Unit #74  | 43-047-31031 | Sec. 3 T7S R23E  |
| Walker Hollow Unit #75  | 43-047-31182 | Sec. 2 T7S R23E  |
| Walker Hollow Unit #76  | 43-047-31542 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #77  | 43-047-31563 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #78  | 43-047-31645 | Sec. 1 T7S R23E  |
| Walker Hollow Unit #101 | 43-047-15555 | Sec. 7 T7S R24E  |

NOTICE OF TRANSFER OF OWNERSHIP

Present operator: Exxon Corp. Telephone: (915) 688-7875  
Address: P.O. Box 1600  
City: Midland State: TX Zip: 79702  
Well no.: Walker Hollow (Green River) Unit Field or Unit name: \_\_\_\_\_  
Sec.: see attachment Rng.: \_\_\_\_\_ County: Summit Lease no.: see attachment  
Effective date of transfer: April 1, 1995

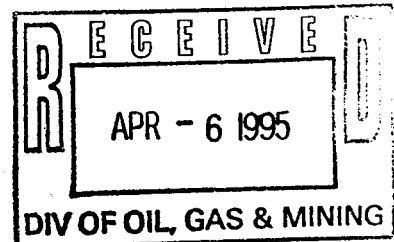
*Stephen Johnson*  
Signature of present operator Stephen Johnson  
March 31, 1995  
Date

New operator: Citation Oil & Gas Corp.  
Address: 8223 Willow Place South, Suite 250  
City: Houston State: TX Zip: 77070-5623

*Sharon Ward*  
Signature of new operator Sharon Ward  
April 3, 1995  
Date

(This space for DOGM approval)

CAUSE # 117-1



Approved by: *A. Johnson* Title: Exxon Manager Date: 5-3-95

# WALKER HOLLOW (GREEN RIVER) UNIT INJECTION WELLS

| WELL | 1/4 SEC | S-T-R     | API NUMBER | LEASE NUMBER |
|------|---------|-----------|------------|--------------|
| 4    | SWSE    | 12-7S-23E | 4304716501 | SLC-066357   |
| 6    | SWSE    | 7-7S-24E  | 4304716502 | SLC-066357   |
| 7    | NESE    | 12-7S-23E | 4304715559 | SLC-066357   |
| 8    | SWSE    | 8-7S-24E  | 4304716503 | U-02512      |
| 10   | SWNW    | 9-7S-24E  | 4304715561 | U-02512      |
| 12   | SWSE    | 4-7S-24E  | 4304716504 | SLC-066313   |
| 17   | SWNW    | 12-7S-23E | 4304715567 | SLC-066357   |
| 18   | SWSE    | 1-7S-23E  | 4304715568 | SLC-066312   |
| 22   | SWSE    | 11-7S-23E | 4304715571 | SLC-066357   |
| 26   | SWNW    | 11-7S-23E | 4304715548 | SLC-066357   |
| 27   | SWNW    | 8-7S-24E  | 4304730082 | SLC-066357   |
| 30   | SWSE    | 2-7S-23E  | 4304730094 | ML-3175      |
| 31   | SWNE    | 9-7S-24E  | 4304711512 | U-02512      |
| 34   | SWNW    | 7-7S-24E  | 4304730134 | SLC-066357   |
| 35   | NENE    | 11-7S-23E | 4304730281 | SLC-066357   |

# United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

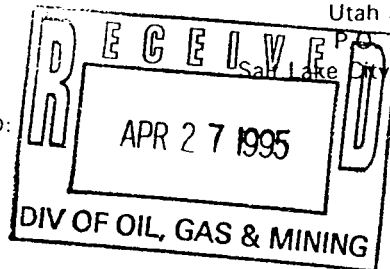
Utah State Office

P.O. Box 45155

Salt Lake City, Utah 84145-0155

# COPY

IN REPLY REFER TO:  
UT-922



April 26, 1995

Citation 1994 Investment LP  
Attn: Christopher E. Cottrell  
8223 Willow Place South, Suite 250  
Houston, Texas 77070-5623

Re: Walker Hollow (Green River) Unit  
Uintah County, Utah

Gentlemen:

We received an indenture dated March 22, 1995, whereby Exxon Company, U.S.A. resigned as Unit Operator and Citation 1994 Investment Limited Partnership was designated as Successor Unit Operator for the Walker Hollow (Green River) Unit, Uintah County, Utah.

This indenture was executed by all required parties and the signatory parties have complied with Sections 5 and 6 of the unit agreement. The instrument is hereby approved effective April 26, 1995.

Your nationwide (Montana) oil and gas bond No. 0630 will be used to cover all operations within the Walker Hollow (Green River) Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Assad M. Raffoul

for Robert A. Henricks  
Chief, Branch of Fluid Minerals

Enclosure

bcc: District Manager - Vernal (w/enclosure)  
~~Division of Oil, Gas & Mining~~  
Division of Lands and Mineral Operations U-923  
File - Walker Hollow (GR) Unit (w/enclosure)  
MMS - Data Management Division  
Agr. Sec. Chron  
Fluid Chron

U-922:TAThompson:tt:04-26-95

# PHONE CONVERSATION DOCUMENTATION FORM

Route original/copy to:

☐ **Well File** \_\_\_\_\_  
 (Location) Sec \_\_\_ Twp \_\_\_ Rng \_\_\_  
 (API No.) \_\_\_\_\_

☐ **Suspense**  
 (Return Date) \_\_\_\_\_  
 (To - Initials) \_\_\_\_\_

☒ **Other**  
 OPER. CHG. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Date of Phone Call: 5-2-95 Time: 8:23

2. DOGM Employee (name) L. CORDOVA (Initiated Call ☒  
 Talked to:

Name SHARON WARD (Initiated Call ☐ - Phone No. (713) 469-9664  
 of (Company/Organization) CITATION O&G CORP.

3. Topic of Conversation: OPERATOR OF THE "WALKER HOLLOW (GRRV) UNIT?

BLM APRV CITATION 1994 INVESTMENT LP. IS COMPANY CHANGING NAME FROM CITATION  
O&G CORP?

4. Highlights of Conversation: \_\_\_\_\_

MS. WARD "CITATION" CALLED BLM TO CHANGE APRV'L TO CITATION O&G CORP. NOT  
CITATION 1994 INVESTMENT LP. PER BLM/SL THE CHANGE SHOULD NOT TAKE LONG.

\*BLM/SL - SIMPLE CHANGE, SHOULD ONLY TAKE A COUPLE OF DAYS.



# United States Department of the Interior COPY

## BUREAU OF LAND MANAGEMENT

Utah State Office  
P.O. Box 45155  
Salt Lake City, Utah 84145-0155

MAY 9 1995

IN REPLY REFER TO:  
UT-922

May 9, 1995

Citation Oil & Gas Corporation  
Attn: Sharon Ward  
8223 Willow Place South, Suite 250  
Houston, Texas 77070-5623

Re: Walker Hollow (Green River) Unit  
Uintah County, Utah

Gentlemen:

We received an indenture dated May 2, 1995, whereby Citation 1994 Investment Limited Partnership resigned as Unit Operator and Citation Oil & Gas Corporation was designated as Successor Unit Operator for the Walker Hollow (Green River) Unit, Uintah County, Utah.

This indenture was executed by all required parties and the signatory parties have complied with Sections 5 and 6 of the unit agreement. The instrument is hereby approved effective May 9, 1995.

Your nationwide (Montana) oil and gas bond No. 0630 will be used to cover all operations within the Walker Hollow (Green River) Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks  
Chief, Branch of Fluid Minerals

Enclosure

bcc: District Manager - Vernal (w/enclosure)  
Division of Oil, Gas & Mining  
Division of Lands and Mineral Operations U-923  
File - Walker Hollow (GR) Unit (w/enclosure)  
MMS - Data Management Division  
Agr. Sec. Chron  
Fluid Chron

U-922:TAThompson:tt:05-09-95

Division of Oil, Gas and Mining  
**OPERATOR CHANGE WORKSHEET**

Routing:

|                         |
|-------------------------|
| 1- <del>LWP</del> / GIL |
| 2-LWP / 7-PL            |
| 3- <del>DT</del> 38-SJ  |
| 4-VLC / 9-FIL           |
| 5-RJF                   |
| 6-LWP                   |

Attach all documentation received by the division regarding this change.  
 Initial each listed item when completed. Write N/A if item is not applicable.

- ☒ Change of Operator (well sold) ☐ Designation of Agent  
☐ Designation of Operator ☐ Operator Name Change Only

The operator of the well(s) listed below has changed (EFFECTIVE DATE: 4-1-95)

|  |   |
|--|---|
| TO (new operator) <b>CITATION OIL &amp; GAS CORP</b> | FROM (former operator) <b>EXXON CORPORATION</b> |
| (address) <b>8223 WILLOW PL S #250</b>               | (address) <b>PO BOX 4721</b>                    |
| <b>HOUSTON TX 77070-5623</b>                         | <b>HOUSTON TX 77210-4721</b>                    |
| <b>SHARON WARD</b>                                   | <b>STEPHEN JOHNSON/MIDLAND</b>                  |
| phone ( <b>713</b> ) <b>469-9664</b>                 | phone ( <b>915</b> ) <b>688-7875</b>            |
| account no. <b>N 0265</b>                            | account no. <b>N 0420</b>                       |

Well(s) (attach additional page if needed): **\*WALKER HOLLOW (GREEN RIVER) UNIT**

|                               |                       |               |            |            |            |                   |
|-------------------------------|-----------------------|---------------|------------|------------|------------|-------------------|
| Name: <b>**SEE ATTACHED**</b> | API: <u>047-30094</u> | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |
| Name: _____                   | API: _____            | Entity: _____ | Sec: _____ | Twp: _____ | Rng: _____ | Lease Type: _____ |

**OPERATOR CHANGE DOCUMENTATION**

- Lec 1. (Rule R615-8-10) Sundry or other legal documentation has been received from former operator (Attach to this form). *(Rec'd 3-27-95)*
- Lec 2. (Rule R615-8-10) Sundry or other legal documentation has been received from new operator (Attach to this form). *(Ref 4-5-95) (Rec'd 4-6-95) (Rec'd 4-10-95)*
- N/A 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is company registered with the state? (yes/no) \_\_\_\_ If yes, show company file number: \_\_\_\_\_.
- Lec 4. (For Indian and Federal Wells ONLY) The BLM has been contacted regarding this change (attach Telephone Documentation Form to this report). Make note of BLM status in comments section of this form. Management review of **Federal and Indian** well operator changes should take place prior to completion of steps 5 through 9 below.
- Lec 5. Changes have been entered in the Oil and Gas Information System (Wang/IBM) for each well listed above. *(5-2-95)*
- Sup 6. Cardex file has been updated for each well listed above. *5-8-95*
- Sup 7. Well file labels have been updated for each well listed above. *5-8-95*
- Lec 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to State Lands and the Tax Commission. *(5-2-95)*
- Lec 9. A folder has been set up for the Operator Change file, and a copy of this page has been placed there for reference during routing and processing of the original documents.

### ENTITY REVIEW

- See 1. (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) \_\_\_\_ (If entity assignments were changed, attach copies of Form 6, Entity Action Form).
- N/A 2. State Lands and the Tax Commission have been notified through normal procedures of entity changes.

### BOND VERIFICATION (~~Fee wells only~~)

\* 950308 Trust Lands Admin. Surety # 587560 / 80,000 "Half Ins. Co."

- See 1. (Rule R615-3-1) The new operator of any fee lease well listed above has furnished a proper bond.
- N/A 2. A copy of this form has been placed in the new and former operators' bond files.
- N/A 3. The former operator has requested a release of liability from their bond (yes/no) \_\_\_\_ Today's date \_\_\_\_\_ 19\_\_\_\_. If yes, division response was made by letter dated \_\_\_\_\_ 19\_\_\_\_.

### LEASE INTEREST OWNER NOTIFICATION RESPONSIBILITY

- N/A 1. (Rule R615-2-10) The former operator/lessee of any **fee lease** well listed above has been notified by letter dated \_\_\_\_\_ 19\_\_\_\_, of their responsibility to notify any person with an interest in such lease of the change of operator. Documentation of such notification has been requested.
- N/A 2. Copies of documents have been sent to State Lands for changes involving **State leases**.

### FILMING

- ✓ 1. All attachments to this form have been microfilmed. Date: May 18 1995.

### FILING

- \_\_\_\_ 1. Copies of all attachments to this form have been filed in each well file.
- \_\_\_\_ 2. The original of this form and the original attachments have been filed in the Operator Change file.

### COMMENTS

950329 Exxon / Skov Johnson "Req. UIC F5"

950406 Rec'd UIC F5 "Old Form".

950426 BLM Appr. "Citation 1994 Investment L.P."

950502 Unit opn. nm. chg. from "Citation 1994 Investment L.P." to "Citation O&G Corp." in progress. (See phone DOC.)

# Mechanical Integrity Test Casing or Annulus Pressure Test

U.S. Environmental Protection Agency  
Underground Injection Control Program, UIC Implementation Section, 8WM-DW  
999 18th Street, Suite 500, Denver, CO 80202-2466

EPA Witness: \_\_\_\_\_ Date 9/25/97 Time 8:10 @ am/pm  
Test conducted by: MIKE JOHNSON / BIG RED HOT OIL  
Others present: \_\_\_\_\_

Well: # 30 WALKER HOLLOW

Well ID: ML 3175

Field: WALKER HOLLOW UNIT

Company: CITATION OIL AND GAS CORP

Well Location:

43-047-30094  
SW 1/4, SE 1/4, SEC 2, T. 7S, R. 23E S. 4M

Address:

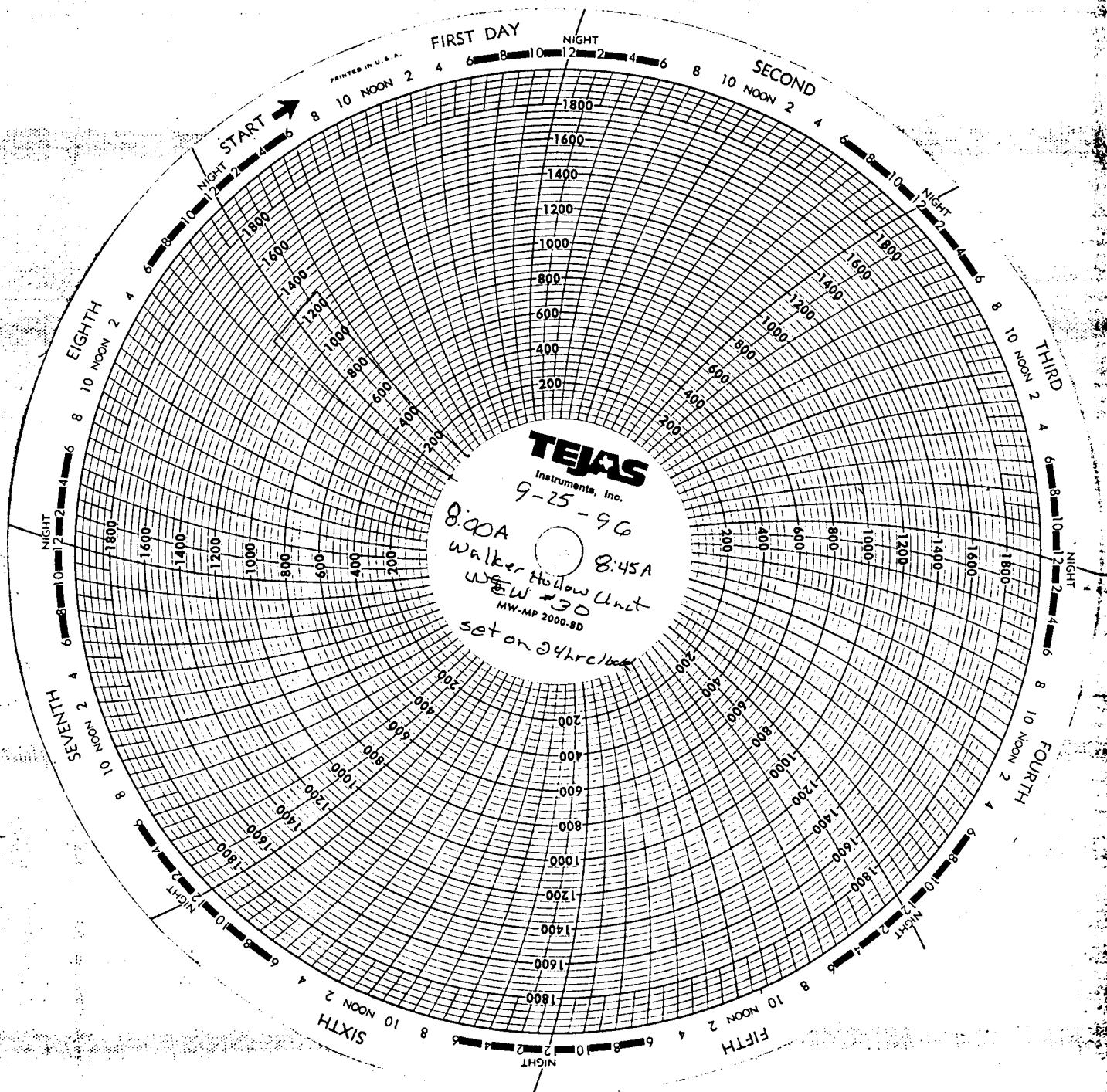
8223 Willow Plac S. 250  
HOUSTON TX 77070

| Time         | Test #1          | Test #2    | Test #3    |
|--------------|------------------|------------|------------|
| 0 min        | <u>1250</u> psig | _____ psig | _____ psig |
| 5            | _____            | _____      | _____      |
| 10           | _____            | _____      | _____      |
| 15           | <u>1250</u>      | _____      | _____      |
| 20           | _____            | _____      | _____      |
| 25           | _____            | _____      | _____      |
| 30 min       | <u>1250</u>      | _____      | _____      |
| 35           | _____            | _____      | _____      |
| 40           | _____            | _____      | _____      |
| 45           | <u>1250</u>      | _____      | _____      |
| 50           | _____            | _____      | _____      |
| 55           | _____            | _____      | _____      |
| 60 min       | _____            | _____      | _____      |
| Tubing press | _____ psig       | _____ psig | _____ psig |

Result (circle) Pass Fail      Pass Fail      Pass Fail

Signature of EPA Witness: \_\_\_\_\_

See back of page for any additional comments & compliance followup.





State of Utah  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt  
Governor

Ted Stewart  
Executive Director

James W. Carter  
Division Director

1594 West North Temple, Suite 1210

Box 145801

Salt Lake City, Utah 84114-5801

801-538-5340

801-359-3940 (Fax)

801-538-7223 (TDD)

August 19, 1997

Bob Christofferson  
Citation Oil & Gas Corporation  
1016 East Lincoln  
Gillette, Wyoming 82716

Re: Pressure Test for Mechanical Integrity for the Listed  
Injection Wells, Uintah County, Utah

Gentlemen:

The Underground Injection Control Program which the Division of Oil, Gas and Mining (DOGM) administers in Utah, requires that all Class II injection wells demonstrate mechanical integrity. Rule R649-5-5.3 of the Oil and Gas Conservation General Rules requires that the casing-tubing annulus above the packer be pressure tested at a pressure equal to the maximum authorized injection pressure or 1,000 psi, whichever is lesser, provided that no test pressure is less than 300 psi. This test shall be performed at least every five year period beginning October 1982. Our records indicate the above referenced wells are due for testing. Please make arrangements and ready the wells for testing on September 11, 1997 as outlined below:

1. Operator must furnish connections, and accurate pressure gauges, hot oil truck (or other means of pressuring annulus), as well as personnel to assist in opening valves etc.
2. The casing-tubing annulus shall be filled prior to the test date to expedite testing, as each well will be required to hold pressure for a minimum of 15 minutes.

Page 2

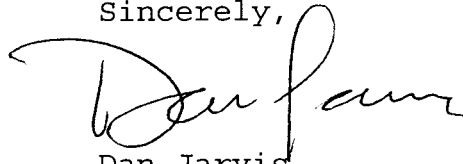
Citation Oil & Gas Corporation

August 19, 1997

3. If mechanical difficulties or workover operations make it impossible for the wells to be tested on this date the tests may be rescheduled.
4. Company personnel should meet DOGM representatives at the field office or other location as negotiated.
5. All bradenhead valves with exception of the tubing on the injection wells must be shut-in 24 hours prior to testing.

Please contact Chris Kierst at (801)538-5337 to arrange a meeting time and place or negotiate a different date if this one is unacceptable.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Jarvis", with a large, stylized initial "D".

Dan Jarvis  
UIC Geologist

lwp

Attachment

Walker Hollow #18  
Walker Hollow #30  
Walker Hollow #22  
Walker Hollow #26  
Walker Hollow #35  
Walker Hollow #4  
Walker Hollow #7  
Walker Hollow #17  
Walker Hollow #10  
Walker Hollow Unit #31  
Walker Hollow Unit #12  
Walker Hollow Unit #34  
Walker Hollow Unit #6  
Walker Hollow Unit #8  
Walker Hollow Unit #27



INSPECTION FORM 5  
STATE OF UTAH  
DIVISION OF OIL GAS AND MINING

## INJECTION WELL - INSPECTION RECORD

|                                  |                                    |           |        |
|----------------------------------|------------------------------------|-----------|--------|
| Well Name: Walker Hollow Unit 30 | API Number: 43-047-30094           |           |        |
| Qtr/Qtr: SW/SE                   | Section: 2 Township: 7S Range: 23E |           |        |
| Company Name: Citation Oil & Gas |                                    |           |        |
| Lease: State                     | Fee                                | Federal X | Indian |
| Inspector: David Hackford        | Date: 5/10/99                      |           |        |

Injection Type:

Disposal: Enhanced Recovery: X Other:

Injecting: Yes Shut-In: No

Rate: No gauge (bpd) Totalizer: 1659305 gal.

Gauges: Tubing: yes

Casing: no Casing Pressure: (psig)  
Tubing Pressure: 1150 (psig) Housekeeping: Excellent

Equipment Condition: Good

COMMENTS:

5. Lease Designation and Serial Number:

SLC 066312

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

Walker Hollow Unit

8. Well Name and Number:

Walker Hollow Unit #30

9. API Well Number:

43-047-30094

10. Field and Pool, or Wildcat:

Walker Hollow Green River

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well:

OIL

☐

GAS

☐

OTHER: Injection

2. Name of Operator

Citation Oil &amp; Gas Corp.

3. Address and Telephone Number:

8223 Willow Place South, Suite 250, Houston, Texas 77070-5623 (281) 469-9664

4. Location of Well

Footages: 660 FSL &amp; 1980 FEL

QQ, Sec., T., R., M.:

SE SE Sec. 2-7S-23E

County:

Uintah

State:

Utah

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## NOTICE OF INTENT

(Submit in Duplicate)

☐ Abandonment☐ Casing Repair☐ Change of Plans☐ Conversion to Injection☐ Fracture Treat☐ Multiple Completion☐ New Construction☐ Pull or Alter Casing☐ Recompletion☐ Shoot or Acidize☐ Vent or Flare☐ Water Shut-Off☒ Clean out fill

Other

Approximate date work will start Upon approval

## SUBSEQUENT REPORT

(Submit Original Form Only)

☐ Abandonment\*☐ Casing Repair☐ Change of Plans☐ Conversion to Injection☐ Fracture Treat☐

Other

☐ New Construction☐ Pull or Alter Casing☐ Shoot or Acidize☐ Vent or Flare☐ Water Shut-Off

Date of work completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form

\* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Citation Oil & Gas Corp. proposes to clean out fill from +/- 5590' to 5615' with attached procedure.

RECEIVED

JUL 27 2001

DIVISION OF  
OIL AND MINING

13.

Name &amp; Signature:

Sharon Ward

Sharon Ward

Title:

Regulatory Administrator

Date:

6/28/01

(This space for State use only)

(12/92)

(See Instructions on Reverse Side)

Approved by the  
Utah Division of  
Oil, Gas and Mining

Date:

By:

DATE RECEIVED  
07/30/01  
CHD

07/30/01  
By: [Signature]

**CLEAN OUT PROCEDURE**  
**WHU # 30**  
**UINTAH COUNTY, UTAH**  
(June 22, 2001)

**OBJECTIVE:**

Clean out fill in the WHU #30 from  $\pm 5590'$  to  $5615'$ .

Open perforations (casing): 4a ( $4577'-83'$ ), 4c ( $4684'-94'$ ), 5b ( $4947'-56'$ ), 5c ( $4974'-80'$ ), 8c ( $5478'-90'$ ), 8d ( $5538'-49'$ ), DL1a ( $5573'-5591'$ ).

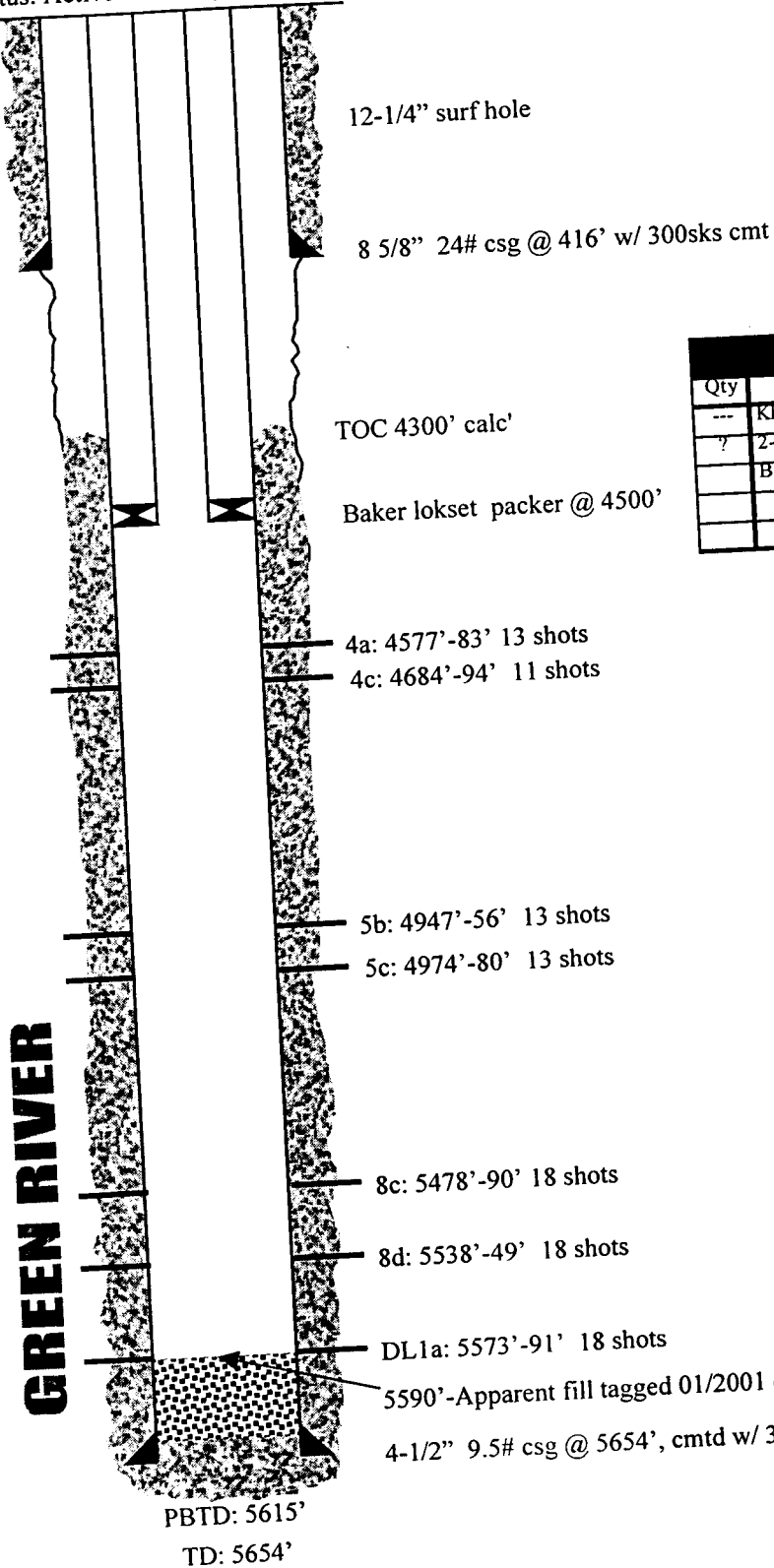
**PROPOSED PROCEDURE:**

1. MIRU service rig.
2. Bleed well down. ND Tree. NU BOPE.
3. Release  $4\frac{1}{2}"$  Lok-set packer at  $4500'$  & TOH w/  $2\frac{3}{8}"$  tubing. Lay down packer. Inspect packer and redress if necessary.
4. Pick up  $3\frac{7}{8}"$  rock bit & Bulldog Adaptable Bailer (use 7 jnts  $2\frac{3}{8}"$  tbg for fill chamber) on  $2\frac{3}{8}"$  tubing & RIH. Tag fill at  $\pm 5590'$ .  
\* Note: Max OD bailer  $3.668"$ , Drift ID  $4\frac{1}{2}"$  csg  $3.965"$
5. Clean out fill to  $5615'$ . TOH. Lay down bit and bailer assembly.
6. PU  $4\frac{1}{2}"$  Lok-set packer & RIH to  $4500'$ . Pump 49 bbls packer fluid down casing. Set packer.
7. ND BOPE. NU Tree.
8. RDMO service rig.
9. Resume injection.
10. Prepare to run RA / Injection profile survey.

**CITATION OIL & GAS CORP.  
WALKER HOLLOW UNIT #30 WIW  
660' FSL & 1980' FEL Sec 2-T7S-R23E  
UINTAH CO., UTAH**

API:

KB: 13 FT  
GL: 5471 FT  
Status: Active Water Injection Well



| TUBING DETAIL |                      |          |          |
|---------------|----------------------|----------|----------|
| Qty           | Description          | Length   | Depth    |
| ---           | KB                   | 13.00'   | 13.00'   |
| ?             | 2-3/8" , 4.7# tubing | 4487.00' |          |
|               | Baker lokset packer  |          | 4500.00' |
|               |                      |          |          |
|               |                      |          |          |

**WELL HISTORY:**

SPUD: 1/6/71

COMPLETE: 2/12/71

2/71: PERF 4a, 4c, 5b, 5c, 8c, 8d, DL1a

Acidize each interval w/ 100 gal MCA.

9/71: Frac 5b & 5c w/ 17000gal GW & 10000# sand.

7/78: Acid w/ 2500 gal 20% HCL all perfs

9/83: Acid 5b, 5c, 8c, 8d w/ 7000 gal 15% HCL

4/84: Frac 8d & DL1a w/ 4700# sand. Acid 5b & 5c.

**Updated: 6/18/01  
M. Weber**

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

|   |   |
|---|---|
| 1. Type of Well: <span style="margin-left: 20px;"><input type="checkbox"/> OIL</span> <span style="margin-left: 20px;"><input type="checkbox"/> GAS</span> <span style="margin-left: 20px;">OTHER: <input checked="" type="checkbox"/></span> | 5. Lease Designation and Serial Number:<br><b>SLC 066312</b>        |
| 2. Name of Operator<br><b>Citation Oil &amp; Gas Corp.</b>  | 6. If Indian, Allottee or Tribe Name:                               |
| 3. Address and Telephone Number:<br><b>P.O. Box 690688, Houston, Texas 77269-0688 (281) 517-7194</b>  | 7. Unit Agreement Name:<br><b>Walker Hollow Unit</b>                |
| 4. Location of Well<br>Footages: <b>1980' FEL &amp; 660' FSL</b><br>QQ, Sec., T., R., M.: <b>SE SE; Sec. 2, T7S, R23E</b>   | 8. Well Name and Number:<br><b>Walker Hollow Unit 30</b>            |
|   | 9. API Well Number:<br><b>43-047-30094</b>                          |
|   | 10. Field and Pool, or Wildcat:<br><b>Walker Hollow Green River</b> |
|   | County: <b>Uintah</b><br>State: <b>Utah</b>                         |

### 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| NOTICE OF INTENT<br>(Submit in Duplicate)   | SUBSEQUENT REPORT<br>(Submit Original Form Only)   |
|---|--|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Abandonment<br/> <input type="checkbox"/> Casing Repair<br/> <input type="checkbox"/> Change of Plans<br/> <input type="checkbox"/> Conversion to Injection<br/> <input type="checkbox"/> Fracture Treat<br/> <input type="checkbox"/> Multiple Completion<br/> <input type="checkbox"/> Other _____           </div> <div style="width: 48%;"> <input type="checkbox"/> New Construction<br/> <input type="checkbox"/> Pull or Alter Casing<br/> <input type="checkbox"/> Recompletion<br/> <input type="checkbox"/> Shoot or Acidize<br/> <input type="checkbox"/> Vent or Flare<br/> <input type="checkbox"/> Water Shut-Off           </div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Abandonment*<br/> <input type="checkbox"/> Casing Repair<br/> <input type="checkbox"/> Change of Plans<br/> <input type="checkbox"/> Conversion to Injection<br/> <input type="checkbox"/> Fracture Treat<br/> <input checked="" type="checkbox"/> Other <u>Clean out fill</u> </div> <div style="width: 48%;"> <input type="checkbox"/> New Construction<br/> <input type="checkbox"/> Pull or Alter Casing<br/> <input type="checkbox"/> Shoot or Acidize<br/> <input type="checkbox"/> Vent or Flare<br/> <input type="checkbox"/> Water Shut-Off           </div> </div> |
| Approximate date work will start _____  | Date of work completion <u>7/25/2001</u><br><br>Report results of <b>Multiple Completions</b> and <b>Recompletions</b> to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form<br><small>* Must be accompanied by a cement verification report.</small>  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  
**MIRU. NU BOP & TOH with pkr & tbq. RIH with notched collar and bulldog bailer. Tagged fill @5615'; rotated & tagged up solid @5625'. Pumped 70 bbls hot wtr & circ'd tbq clean. RIH with pkr & ND BOP. Pumped pkr fluid. Set PS-1 pkr @4522'. Press. tested csg to 1000#. NU injection lines & returned well to injection 7/25/2001. Ran injection profile 7/28/2001. RDMO.**

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY**

13. Name & Signature: Debra Harris **Debra Harris** Title: Prod./Regulatory Coord. Date: 8/2/2001

(This space for State use only)

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

5. Lease Designation and Serial Number:

**SLC 066312**

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

**Walker Hollow Unit**

8. Well Name and Number:

**Walker Hollow Unit 30**

9. API Well Number:

**43-047-30094**

10. Field and Pool, or Wildcat:

**Walker Hollow Green River****SUNDRY NOTICES AND REPORTS ON WELLS**Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well:

OIL

☐

GAS

☐OTHER: ☒

2. Name of Operator

**Citation Oil & Gas Corp.**

3. Address and Telephone Number:

**P.O. Box 690688, Houston, Texas 77269-0688 (281) 517-7194**

4. Location of Well

Footages: **1980' FEL & 660' FSL**County: **Uintah**QQ, Sec., T., R., M.: **SE SE; Sec. 2, T7S, R23E**State: **Utah**

## 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## NOTICE OF INTENT

(Submit in Duplicate)

☐ Abandonment☐ New Construction☐ Casing Repair☐ Pull or Alter Casing☐ Change of Plans☐ Recompletion☐ Conversion to Injection☐ Shoot or Acidize☐ Fracture Treat☐ Vent or Flare☐ Multiple Completion☐ Water Shut-Off☐ Other \_\_\_\_\_

Approximate date work will start \_\_\_\_\_

## SUBSEQUENT REPORT

(Submit Original Form Only)

☐ Abandonment\*☐ New Construction☐ Casing Repair☐ Pull or Alter Casing☐ Change of Plans☐ Shoot or Acidize☐ Conversion to Injection☐ Vent or Flare☐ Fracture Treat☐ Water Shut-Off☒ Other Clean out fillDate of work completion 7/25/2001Report results of Multiple Completions and Recompletions to different reservoirs on WELL  
COMPLETION OR RECOMPLETION AND LOG form

\* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

**MIRU. NU BOP & TOH with pkr & tbgs. RIH with notched collar and bulldog bailer. Tagged fill @5615'; rotated & tagged up solid @5625'. Pumped 70 bbls hot wtr & circ'd tbgs clean. RIH with pkr & ND BOP. Pumped pkr fluid. Set PS-1 pkr @4522'. Press. tested csg to 1000#. NU injection lines & returned well to injection 7/25/2001. Ran injection profile 7/28/2001. RDMO.****Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY**

13.

Name &amp; Signature:

*Debra Harris***Debra Harris**

Title:

Prod./Regulatory Coord.

Date:

8/2/2001

(This space for State use only)

75 23E 02  
43047 30094

**CLEAN OUT PROCEDURE**  
**WHU # 30**  
**UINTAH COUNTY, UTAH**  
(June 22, 2001)

**OBJECTIVE:**

Clean out fill in the WHU #30 from  $\pm 5590'$  to  $5615'$ .

Open perforations (casing): 4a ( $4577'-83'$ ), 4c ( $4684'-94'$ ), 5b ( $4947'-56'$ ), 5c ( $4974'-80'$ ), 8c ( $5478'-90'$ ), 8d ( $5538'-49'$ ), DL1a ( $5573'-5591'$ ).

**PROPOSED PROCEDURE:**

1. MIRU service rig.
2. Bleed well down. ND Tree. NU BOPE.
3. Release  $4\frac{1}{2}"$  Lok-set packer at  $4500'$  & TOH w/  $2\frac{3}{8}"$  tubing. Lay down packer. Inspect packer and redress if necessary.
4. Pick up  $3\frac{7}{8}"$  rock bit & Bulldog Adaptable Bailer (use 7 jnts  $2\frac{3}{8}"$  tbg for fill chamber) on  $2\frac{3}{8}"$  tubing & RIH. Tag fill at  $\pm 5590'$ .  
\* Note: Max OD bailer 3.668", Drift ID  $4\frac{1}{2}"$  csg 3.965"
5. Clean out fill to  $5615'$ . TOH. Lay down bit and bailer assembly.
6. PU  $4\frac{1}{2}"$  Lok-set packer & RIH to  $4500'$ . Pump 49 bbls packer fluid down casing. Set packer.
7. ND BOPE. NU Tree.
8. RDMO service rig.
9. Resume injection.
10. Prepare to run RA / Injection profile survey.

5. Lease Designation and Serial Number:

SLC 066312

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

Walker Hollow Unit

8. Well Name and Number:

Walker Hollow Unit #30

9. API Well Number:

43-047-30094

10. Field and Pool, or Wildcat:

Walker Hollow Green River

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well:

OIL

☐

GAS

☐

OTHER: Injection

2. Name of Operator

Citation Oil &amp; Gas Corp.

3. Address and Telephone Number:

8223 Willow Place South, Suite 250, Houston, Texas 77070-5623 (281) 469-9664

4. Location of Well

Footages: 660' FSL &amp; 1980' FEL

QQ, Sec., T., R., M.: SE SE Sec. 2-7S-23E

County: Uintah

State: Utah

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## NOTICE OF INTENT

(Submit in Duplicate)

- ☐ Abandonment ☐ New Construction  
☐ Casing Repair ☐ Pull or Alter Casing  
☐ Change of Plans ☐ Recompletion  
☐ Conversion to Injection ☐ Shoot or Acidize  
☐ Fracture Treat ☐ Vent or Flare  
☐ Multiple Completion ☐ Water Shut-Off

☒ Request MIT Variance

Other \_\_\_\_\_

Approximate date work will start \_\_\_\_\_

## SUBSEQUENT REPORT

(Submit Original Form Only)

- ☐ Abandonment\* ☐ New Construction  
☐ Casing Repair ☐ Pull or Alter Casing  
☐ Change of Plans ☐ Shoot or Acidize  
☐ Conversion to Injection ☐ Vent or Flare  
☐ Fracture Treat ☐ Water Shut-Off  
☐ Other \_\_\_\_\_

Date of work completion \_\_\_\_\_

Report results of **Multiple Completions** and **Recompletions** to different reservoirs on WELL  
COMPLETION OR RECOMPLETION AND LOG form

\* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Citation Oil & Gas Corp. request a mechanical integrity variance as outlined in regulation R649-5-5, 3.2 & 3.3, on the Walker Hollow Unit #30, based on an injection profile that shows no fluid movement by the packer. The positive tubing pressure and zero casing pressure indicate no communication between the tubing and casing.

On July 24, 2001 Citation attempted to pressure test the casing. The well pressured up to 1000#, bled off to 850 in 10 minutes.

On July 28, 2001, Citation performed an injection profile with/tracer survey. The profile showed no fluid communication between the tubing and casing.

On August 20, 2001 the tubing pressure was 1200#, casing pressure 0, injection rate 388 BWPD. Attached is an original injection profile ran on this well on 7-28-01.

13.

Name &amp; Signature:

Sharon Ward

Sharon Ward

Title:

Regulatory Administrator

Date:

9/6/01

(This space for State Use only)

Accepted by the  
Utah Division of  
Oil, Gas and Mining

(See Instructions on Reverse Side)

(12/92)

Date: 09-10-01

By: [Signature]

9-11-01  
CHD



STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well:

OIL  
☐GAS  
☐OTHER: ☒

2. Name of Operator

Citation Oil &amp; Gas Corp.

3. Address and Telephone Number:

P.O. Box 690688, Houston, Texas 77269-0688 (281) 517-7194

4. Location of Well

Footages: 660' FSL &amp; 1980' FEL

QQ, Sec., T., R., M.: SE SE; Sec. 2, T7S, R23E

5. Lease Designation and Serial Number:

SLC 066312

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

UTU 66237A

8. Well Name and Number:

Walker Hollow Unit #30

9. API Well Number:

43-047-30094

10. Field and Pool, or Wildcat:

Walker Hollow Green River

County: Uintah

State: Utah

11.

## CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## NOTICE OF INTENT

(Submit in Duplicate)

☐ Abandonment☐ New Construction☐ Casing Repair☐ Pull or Alter Casing☐ Change of Plans☐ Recompletion☐ Conversion to Injection☐ Shoot or Acidize☐ Fracture Treat☐ Vent or Flare☐ Multiple Completion☐ Water Shut-Off☒ Other Well IntegrityApproximate date work will start Upon Approval

## SUBSEQUENT REPORT

(Submit Original Form Only)

☐ Abandonment\*☐ New Construction☐ Casing Repair☐ Pull or Alter Casing☐ Change of Plans☐ Shoot or Acidize☐ Conversion to Injection☐ Vent or Flare☐ Fracture Treat☐ Water Shut-Off☐ Other \_\_\_\_\_

Date of work completion \_\_\_\_\_

Report results of **Multiple Completions** and **Recompletions** to different reservoirs on WELL  
COMPLETION OR RECOMPLETION AND LOG form

\* Must be accompanied by a cement verification report.

12.

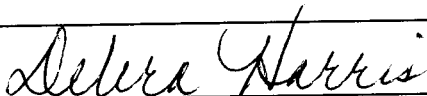
DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Citation Oil &amp; Gas Corp. requests approval to obtain a wellbore MIT per the attached procedure.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

13.

Name &amp; Signature:



Debra Harris

Title:

Prod./Regulatory Coord.

Date:

5/21/2004

(This space for State use only)

(12/92)

(See Instructions on Reverse Side)

RECEIVED

MAY 25 2004

DIV. OF OIL, GAS &amp; MINING

**Walker Hollow Unit #30 WIW**  
**Proposed Procedure To Obtain A Wellbore M.I.T.**  
**05/17/04**

---

**Relative Data:**

|  |  |
|--|--|
| <b>Casing:</b> 4 1/2", 9.5 lb/ft, J-55 | <b>Tubing:</b> 2 3/8", 4.7 lb/ft, J-55, 8rd, EUE |
| ID 4.090"                              | Capacity 0.003870 bbl/ft                         |
| Drift 3.965"                           | Burst 7700 psi; 80% = 6160 psi                   |
| Capacity 0.01624 bbl/ft                | Collapse 8100 psi; 80% = 6480 psi                |
| Burst 4380 psi; 80% = 3504 psi         | Yield 71,730 lbs; 80% = 57,384 lbs               |

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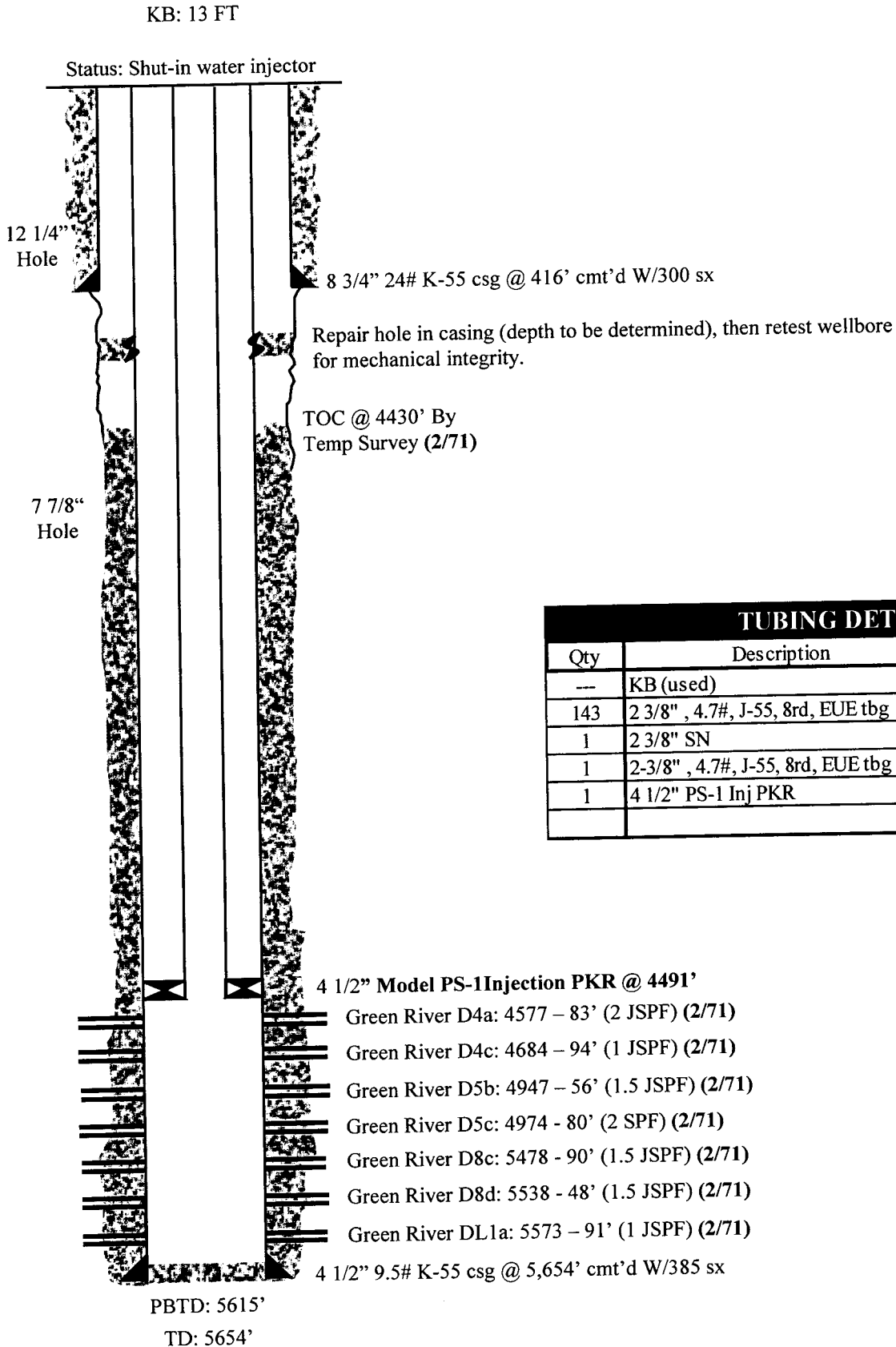
4 1/2" x 2 3/8" Annular capacity 0.0108 bbl/ft                      KB = 13 ft (AGL)

---

1. MIRU rig. ND WH. NU BOP. Unseat Model "PS-1" inj PKR @ 4491' & POOH. LD 2 3/8" IPC tbg. Send PKR in for redressing.
2. PU & RIH W/RBP, equivalent to the Baker Model R-3 Retrieromatic compression type PKR, & 2 3/8" work string of tbg,. Set RBP @ +/-4550'. PUH 1 std & set PKR. Test RBP to 1000 psi for 5 min. Unseat PKR. PUH to +/-2300' & set PKR. Test both dn tbg & backside. Begin isolating leak from this point.
3. After establishing leak interval, establish injection rate & pressure into leak. RIH W/PKR to below leak interval & dump two sx of sd on top of RBP. PUH to +/-250' above leak top & reset PKR. Test backside to 500 psi for 5 min.
4. RU cementing service. Be sure to have a backup 100 sx of neat cmt on location to re-SQZ W/if needed. Test surf lines to 2500 psi. Pump a 5 BBL wtr spacer. Tentatively, mix & pump 100 sx cmt to a max surf press of 1200 psi.
5. Pump predetermined volume of wtr to clear tbg of cmt & place cmt top at ~ 50' above leak top. Attempt walking SQZ. SDON. If SQZ if not achieved, over-displace with an additional 10 BBLS wtr and re-SQZ as instructed.
6. Load csg & test SQZ & csg to 1000 psi for 5 min. Unseat PKR & POOH W/tbg & PKR. RU reverse unit. PU & RIH W/3 7/8" bit & 6 - 3" DC's. CO well to RBP. Load csg & test SQZ to 1000 psi for 30 min. Circ sd off top of RBP. POOH W/tbg & tools. LD DC's. PU & RIH W/RBP retrieving head & retrieve RBP. POOH W/tbg and tools. RD pump & swivel.
7. Pump 40 BBLS of PKR fluid dn ann. PU & RIH W/previous injection equip. Set PKR @ +/-4491'. Load ann W/PKR fluid. Test csg to 1000 psi for 30 min. ND BOP. NU WH.
8. Notify EPA of M.I.T. test for well. Perform M.I.T. test on tbg-csg ann W/EPA representative on location. Leave well SI until further notice.

5/12/04

**CITATION OIL & GAS CORP.**  
**PROPOSED WALKER HOLLOW UNIT #30WIW**  
**660' FSL & 1980 FEL, SW SE, Section 2, T-7-S, R-23-E**  
**UINTAH CO., UTAH**



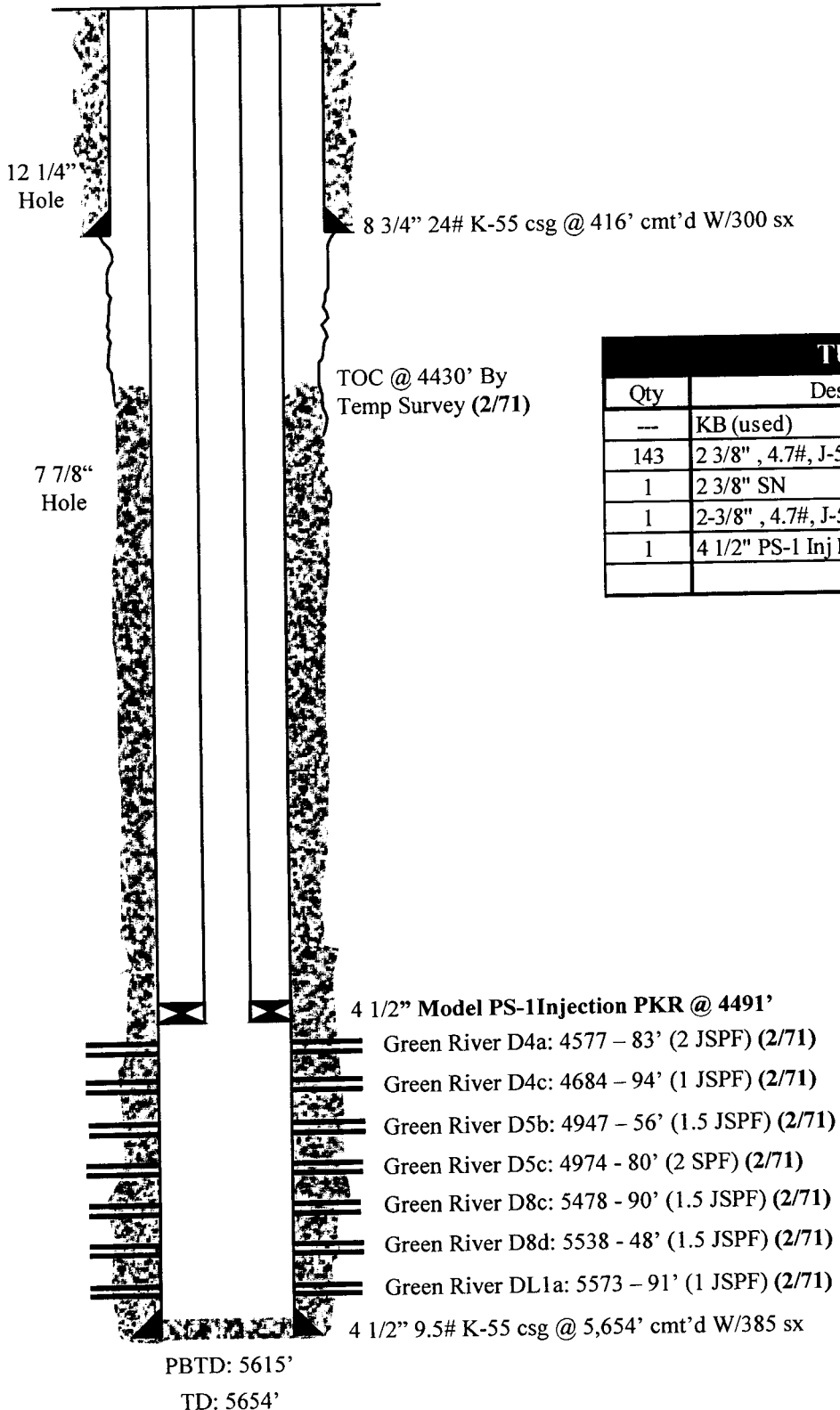
| TUBING DETAIL |                                   |          |          |
|---------------|-----------------------------------|----------|----------|
| Qty           | Description                       | Length   | Depth    |
| ---           | KB (used)                         | 13.00    | 13.00    |
| 143           | 2 3/8" , 4.7#, J-55, 8rd, EUE tbg | 4438.31' | 4,451.31 |
| 1             | 2 3/8" SN                         | 1.10'    | 4,452.41 |
| 1             | 2-3/8" , 4.7#, J-55, 8rd, EUE tbg | 31.63'   | 4,484.04 |
| 1             | 4 1/2" PS-1 Inj PKR               | 6.62'    | 4,490.66 |
|               |                                   |          |          |

5/12/04

**CITATION OIL & GAS CORP.**  
**WALKER HOLLOW UNIT #30WIW**  
**660' FSL & 1980 FEL, SW SE, Section 2, T-7-S, R-23-E**  
**UINTAH CO., UTAH**

KB: 13 FT

Status: Shut-in water injector



**TUBING DETAIL**

| Qty | Description                       | Length   | Depth    |
|-----|-----------------------------------|----------|----------|
| --- | KB (used)                         | 13.00    | 13.00    |
| 143 | 2 3/8" , 4.7#, J-55, 8rd, EUE tbg | 4438.31' | 4,451.31 |
| 1   | 2 3/8" SN                         | 1.10'    | 4,452.41 |
| 1   | 2-3/8" , 4.7#, J-55, 8rd, EUE tbg | 31.63'   | 4,484.04 |
| 1   | 4 1/2" PS-1 Inj PKR               | 6.62'    | 4,490.66 |
|     |                                   |          |          |

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well:

OIL  
☐GAS  
☐OTHER: ☒

2. Name of Operator

Citation Oil &amp; Gas Corp.

3. Address and Telephone Number:

P.O. Box 690688, Houston, Texas 77269-0688 (281) 517-7194

4. Location of Well

Footages: 660' FSL &amp; 1980' FEL

QQ, Sec., T., R., M.: SE SE; Sec. 2, T7S, R23E

5. Lease Designation and Serial Number:

SLC 066312

6. If Indian, Allottee or Tribe Name:

7. Unit Agreement Name:

UTU 66237A

8. Well Name and Number:

Walker Hollow Unit #30

9. API Well Number:

43-047-30094

10. Field and Pool, or Wildcat:

Walker Hollow Green River

County: Uintah

State: Utah

## 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## NOTICE OF INTENT

(Submit in Duplicate)

- |   |   |
|---|---|
| <input type="checkbox"/> Abandonment                            | <input type="checkbox"/> New Construction     |
| <input type="checkbox"/> Casing Repair                          | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans                        | <input type="checkbox"/> Recompletion         |
| <input type="checkbox"/> Conversion to Injection                | <input type="checkbox"/> Shoot or Acidize     |
| <input type="checkbox"/> Fracture Treat                         | <input type="checkbox"/> Vent or Flare        |
| <input type="checkbox"/> Multiple Completion                    | <input type="checkbox"/> Water Shut-Off       |
| <input checked="" type="checkbox"/> Other <u>Well Integrity</u> |   |

Approximate date work will start Upon Approval

## SUBSEQUENT REPORT

(Submit Original Form Only)

- |  |   |
|--|---|
| <input type="checkbox"/> Abandonment*            | <input type="checkbox"/> New Construction     |
| <input type="checkbox"/> Casing Repair           | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans         | <input type="checkbox"/> Shoot or Acidize     |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare        |
| <input type="checkbox"/> Fracture Treat          | <input type="checkbox"/> Water Shut-Off       |
| <input type="checkbox"/> Other _____             |   |

Date of work completion \_\_\_\_\_

Report results of **Multiple Completions** and **Recompletions** to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form

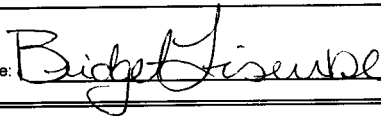
\* Must be accompanied by a cement verification report

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Citation Oil &amp; Gas Corp. requests approval to obtain a wellbore MIT per the attached procedure.

13.

Name &amp; Signature:



Bridget Lisenbe

Title:

Regulatory Assistant

Date:

11/17/04

(This space for State use only)

RECEIVED

NOV 19 2004

DIVISION OF OIL &amp; GAS &amp; MINING

**Walker Hollow Unit #30 WIW**  
**Proposed Procedure To Obtain A Wellbore M.I.T.**  
**11/15/04**

---

**Relative Data:**

|  |  |
|--|--|
| <b>Casing:</b> 4 1/2", 9.5 lb/ft, J-55 | <b>Tubing:</b> 2 3/8", 4.7 lb/ft, J-55, 8rd, EUE |
| ID 4.090"                              | Capacity 0.003870 bbl/ft                         |
| Drift 3.965"                           | Burst 7700 psi; 80% = 6160 psi                   |
| Capacity 0.01624 bbl/ft                | Collapse 8100 psi; 80% = 6480 psi                |
| Burst 4380 psi; 80% = 3504 psi         | Yield 71,730 lbs; 80% = 57,384 lbs               |

4 1/2" x 2 3/8" Annular capacity 0.0108 bbl/ft KB = 13 ft (AGL)

1. MIRU rig. ND WH. NU BOP. Unseat Model "PS-1" inj PKR @ 4491' & POOH. Stand 2 3/8" IPC tbg. (Use thread protectors.) Send PKR in for redressing.
2. PU 2-7/8" workstring with bit and scraper. Roundtrip through  $\pm 5570$  KB. RIH W/CIBP for 4 1/2" – 9.5# csg & set @ 5565'. POOH. PU & RIH W/PKR & set @ 5555'. Test CIBP to 1000 psi for 5 min. Reset pkr at  $\pm 4550$ , test annulus to 1000 psi. TOH. If annulus leaks, proceed with Step 3. If csg tests OK, proceed with Step 9.
3. PU & RIH W/RBP and test pkr. Set RBP @  $\pm 4550$ '. PUH 1 std & set PKR. Test RBP to 1000 psi for 5 min. Unseat PKR. Dump 2 sx sand on RBP. PUH to  $\pm 2300$ ' & set PKR. Begin isolating leak from this point.
4. After establishing leak interval, establish injection rate & pressure into leak. PUH to  $\pm 250$ ' above leak top & reset PKR. Test backside to 500 psi for 5 min.
5. RU cementing service. Cement type and volume to be determined by leak conditions. Be sure to have additional cmt on location to re-SQZ W/if needed. Test surf lines to 2500 psi. Pump a 5 BBL wtr spacer. Max pressure of 2000 psi during squeeze.
6. Displace cement to  $\pm 50$  ft above leak top. Attempt walking SQZ. If SQZ if not achieved, over-displace with 10 BBLS wtr and re-SQZ as instructed. WOC.
7. Load tbg & test SQZ & csg to 1000 psi for 5 min. Unseat PKR & POOH W/tbg & PKR. RU reverse unit. PU & RIH W/3 7/8" bit & 6 – 3" DC's. Drill out squeeze. Load csg & test SQZ to 1000 psi for 30 min. If test is good, rev circ sd off top of RBP. POOH W/tbg & tools. LD DC's. RD pump & swivel.
8. PU & RIH W/RBP retrieving head & retrieve RBP. POOH W/tbg and tools.
9. PU & RIH W/PKR & set @  $\pm 4900$ '. RU acid company & acidize D5b through D8d perfs in 4 = stages W/4000 total gals 15% HCl & 250# rock salt between each stage (750# total) to divert between stages @ max rate without exceeding 2000 psi max surf press.
10. POOH W/PKR.

**11. RIH W/the following inj equipment:**

- 1 Model PS-1 Inj. PKR Set @ +/-4900'
- 12 jts 2 3/8", J-55, 4.7#/ft, 8rd, EUE, IPC tbg
- 1 Snap-set pkr set @ +/-4520'
- +/-144 jts 2 3/8", J-55, 4.7#/ft, 8rd, EUE, IPC tbg

**12. Load ann W/PKR fluid. Test csg to 1000 psi for 30 min. Notify the EPA of the test. ND BOP. NU WH.**

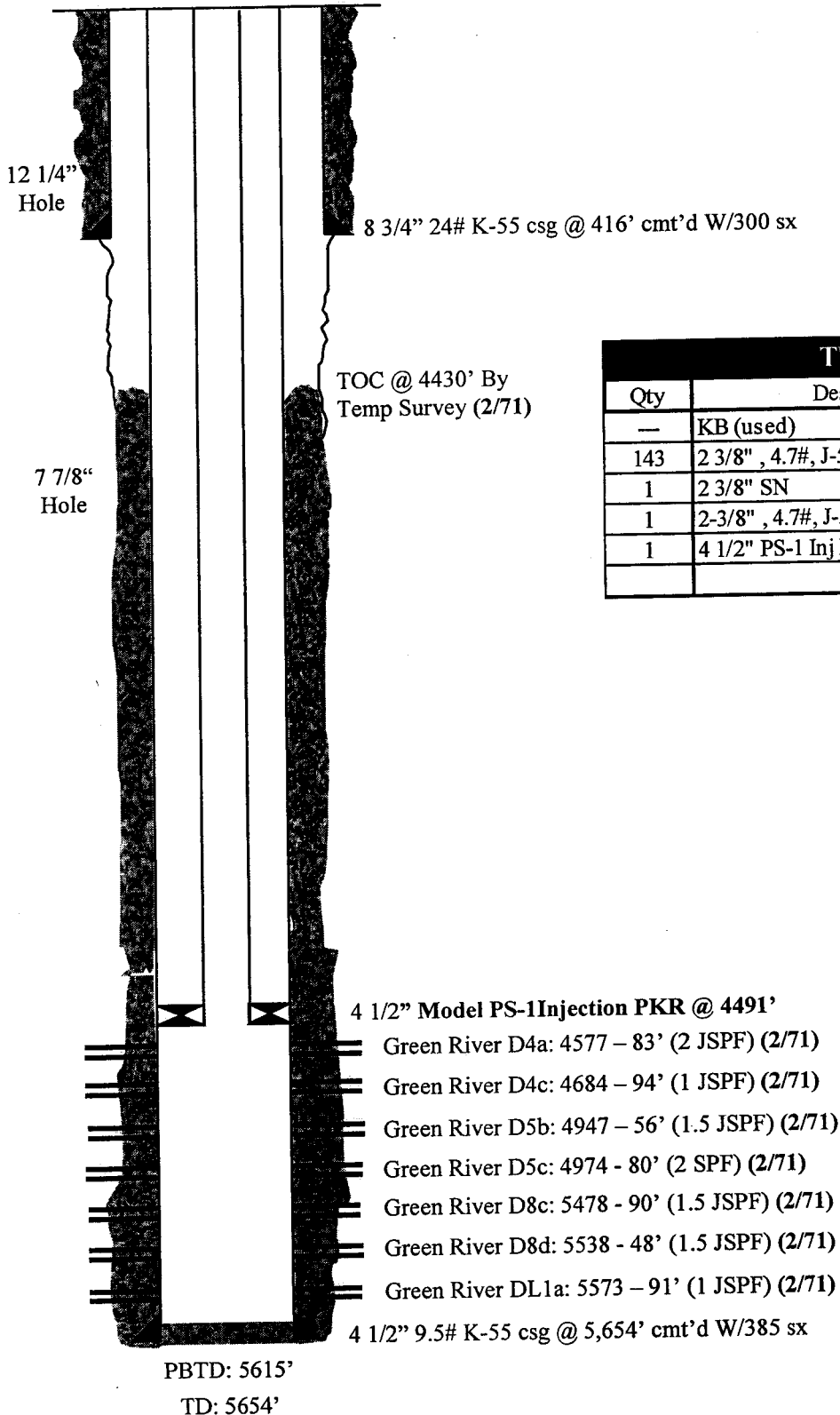
**13. After 30 days of continuous inj, run injection profile survey & send three copies of results to Gillette Office.**

5/12/04

**CITATION OIL & GAS CORP.  
WALKER HOLLOW UNIT #30WIW  
660' FSL & 1980 FEL, SW SE, Section 2, T-7-S, R-23-E  
UINTAH CO., UTAH**

KB: 13 FT

Status: Shut-in water injector



**TUBING DETAIL**

| Qty | Description                       | Length   | Depth    |
|-----|-----------------------------------|----------|----------|
| —   | KB (used)                         | 13.00    | 13.00    |
| 143 | 2 3/8" , 4.7#, J-55, 8rd, EUE tbg | 4438.31' | 4,451.31 |
| 1   | 2 3/8" SN                         | 1.10'    | 4,452.41 |
| 1   | 2-3/8" , 4.7#, J-55, 8rd, EUE tbg | 31.63'   | 4,484.04 |
| 1   | 4 1/2" PS-1 Inj PKR               | 6.62'    | 4,490.66 |
|     |                                   |          |          |



STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to re-enter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

|   |   |
|---|---|
| 1. Type of Well:<br><div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">OIL<br/><input type="checkbox"/></div> <div style="text-align: center;">GAS<br/><input type="checkbox"/></div> <div style="text-align: center;">OTHER: <input checked="" type="checkbox"/></div> </div> | 5. Lease Designation and Serial Number:<br><b>SLC 066312</b>        |
| 2. Name of Operator<br><b>Citation Oil &amp; Gas Corp.</b>  | 6. If Indian, Allottee or Tribe Name:<br>                           |
| 3. Address and Telephone Number:<br><b>P.O. Box 690688, Houston, Texas 77269-0688 (281) 517-7194</b>  | 7. Unit Agreement Name:<br><b>UTU 66237A</b>                        |
| 4. Location of Well<br>Footages: <b>660' FSL &amp; 1980' FEL</b><br>QQ, Sec., T., R., M.: <b>SE SE; Sec. 2, T7S, R23E</b>   | 8. Well Name and Number:<br><b>Walker Hollow Unit #30</b>           |
|   | 9. API Well Number:<br><b>43-047-30094</b>                          |
|   | 10. Field and Pool, or Wildcat:<br><b>Walker Hollow Green River</b> |
|   | County: <b>Uintah</b><br>State: <b>Utah</b>                         |

| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  |   |
|--|---|
| <p style="text-align: center;"><b>NOTICE OF INTENT</b><br/>(Submit in Duplicate)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Abandonment<br/> <input type="checkbox"/> Casing Repair<br/> <input type="checkbox"/> Change of Plans<br/> <input type="checkbox"/> Conversion to Injection<br/> <input type="checkbox"/> Fracture Treat<br/> <input type="checkbox"/> Multiple Completion<br/> <input checked="" type="checkbox"/> Other <b>Well Integrity</b> </div> <div style="width: 48%;"> <input type="checkbox"/> New Construction<br/> <input type="checkbox"/> Pull or Alter Casing<br/> <input type="checkbox"/> Recompletion<br/> <input type="checkbox"/> Shoot or Acidize<br/> <input type="checkbox"/> Vent or Flare<br/> <input type="checkbox"/> Water Shut-Off           </div> </div> <p>Approximate date work will start <u>Upon Approval</u></p> | <p style="text-align: center;"><b>SUBSEQUENT REPORT</b><br/>(Submit Original Form Only)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Abandonment*<br/> <input type="checkbox"/> Casing Repair<br/> <input type="checkbox"/> Change of Plans<br/> <input type="checkbox"/> Conversion to Injection<br/> <input type="checkbox"/> Fracture Treat<br/> <input type="checkbox"/> Other _____           </div> <div style="width: 48%;"> <input type="checkbox"/> New Construction<br/> <input type="checkbox"/> Pull or Alter Casing<br/> <input type="checkbox"/> Shoot or Acidize<br/> <input type="checkbox"/> Vent or Flare<br/> <input type="checkbox"/> Water Shut-Off           </div> </div> <p>Date of work completion _____</p> <p>Report results of <b>Multiple Completions and Recompletions</b> to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form</p> <p>* Must be accompanied by a cement verification report.</p> |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  
**Citation Oil & Gas Corp. requests approval to obtain a wellbore MIT per the attached procedure.**

13. Name & Signature: Bridget Lisenbe Title: Regulatory Assistant Date: 11/17/04

(This space for State use only)

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NOV 19 2004

OFFICE OF THE ATTORNEY GENERAL

**Walker Hollow Unit #30 WIW**  
**Proposed Procedure To Obtain A Wellbore M.I.T.**  
**11/15/04**

---

**Relative Data:**

|  |  |
|--|--|
| <b>Casing:</b> 4 1/2", 9.5 lb/ft, J-55 | <b>Tubing:</b> 2 3/8", 4.7 lb/ft, J-55, 8rd, EUE |
| ID 4.090"                              | Capacity 0.003870 bbl/ft                         |
| Drift 3.965"                           | Burst 7700 psi; 80% = 6160 psi                   |
| Capacity 0.01624 bbl/ft                | Collapse 8100 psi; 80% = 6480 psi                |
| Burst 4380 psi; 80% = 3504 psi         | Yield 71,730 lbs; 80% = 57,384 lbs               |

---

4 1/2" x 2 3/8" Annular capacity 0.0108 bbl/ft                      KB = 13 ft (AGL)

---

1. MIRU rig. ND WH. NU BOP. Unseat Model "PS-1" inj PKR @ 4491' & POOH. Stand 2 3/8" IPC tbg. (Use thread protectors.) Send PKR in for redressing.
2. PU 2-7/8" workstring with bit and scraper. Roundtrip through +5570 KB. RIH W/CIBP for 4 1/2" – 9.5# csg & set @ 5565'. POOH. PU & RIH W/PKR & set @ 5555'. Test CIBP to 1000 psi for 5 min. Reset pkr at +4550, test annulus to 1000 psi. TOH. If annulus leaks, proceed with Step 3. If csg tests OK, proceed with Step 9.
3. PU & RIH W/RBP and test pkr. Set RBP @ +/-4550'. PUH 1 std & set PKR. Test RBP to 1000 psi for 5 min. Unseat PKR. Dump 2 sx sand on RBP. PUH to +/-2300' & set PKR. Begin isolating leak from this point.
4. After establishing leak interval, establish injection rate & pressure into leak. PUH to +/-250' above leak top & reset PKR. Test backside to 500 psi for 5 min.
5. RU cementing service. Cement type and volume to be determined by leak conditions. Be sure to have additional cmt on location to re-SQZ W/if needed. Test surf lines to 2500 psi. Pump a 5 BBL wtr spacer. Max pressure of 2000 psi during squeeze.
6. Displace cement to +50 ft above leak top. Attempt walking SQZ. If SQZ if not achieved, over-displace with 10 BBLS wtr and re-SQZ as instructed. WOC.
7. Load tbg & test SQZ & csg to 1000 psi for 5 min. Unseat PKR & POOH W/tbg & PKR. RU reverse unit. PU & RIH W/3 7/8" bit & 6 – 3" DC's. Drill out squeeze. Load csg & test SQZ to 1000 psi for 30 min. If test is good, rev circ sd off top of RBP. POOH W/tbg & tools. LD DC's. RD pump & swivel.
8. PU & RIH W/RBP retrieving head & retrieve RBP. POOH W/tbg and tools.
9. PU & RIH W/PKR & set @ +/-4900'. RU acid company & acidize D5b through D8d perfs in 4 = stages W/4000 total gals 15% HCl & 250# rock salt between each stage (750# total) to divert between stages @ max rate without exceeding 2000 psi max surf press.
10. POOH W/PKR.

**11. RIH W/the following inj equipment:**

- 1 Model PS-1 Inj. PKR Set @ +/-4900'
- 12 jts 2 3/8", J-55, 4.7#/ft, 8rd, EUE, IPC tbg
- 1 Snap-set pkr set @ +/-4520'
- +/-144 jts 2 3/8", J-55, 4.7#/ft, 8rd, EUE, IPC tbg

**12. Load ann W/PKR fluid. Test csg to 1000 psi for 30 min. Notify the EPA of the test. ND BOP. NU WH.**

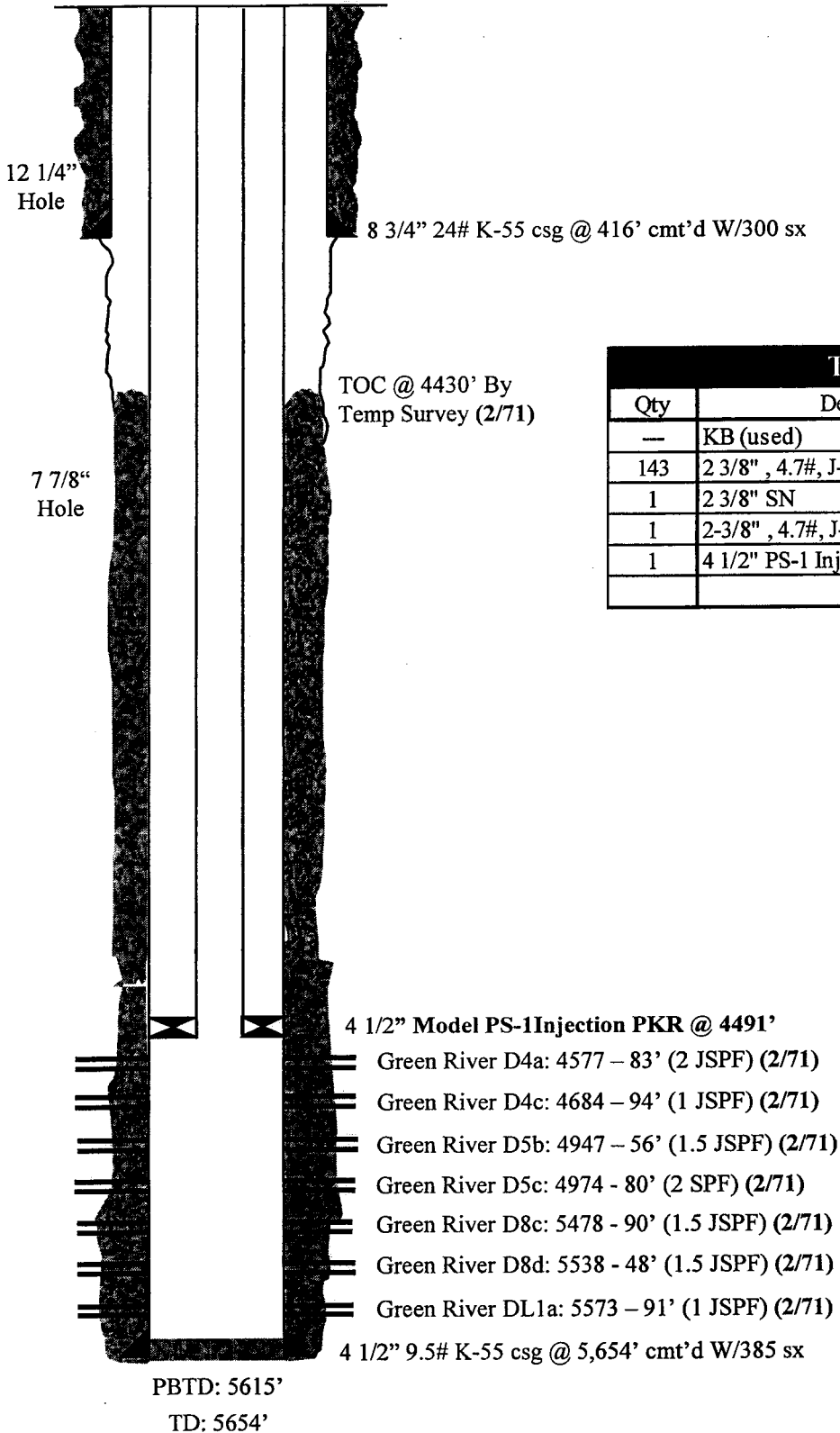
**13. After 30 days of continuous inj, run injection profile survey & send three copies of results to Gillette Office.**

5/12/04

**CITATION OIL & GAS CORP.**  
**WALKER HOLLOW UNIT #30WIW**  
**660' FSL & 1980 FEL, SW SE, Section 2, T-7-S, R-23-E**  
**UINTAH CO., UTAH**

KB: 13 FT

Status: Shut-in water injector



**TUBING DETAIL**

| Qty | Description                       | Length   | Depth    |
|-----|-----------------------------------|----------|----------|
| —   | KB (used)                         | 13.00    | 13.00    |
| 143 | 2 3/8" , 4.7#, J-55, 8rd, EUE tbg | 4438.31' | 4,451.31 |
| 1   | 2 3/8" SN                         | 1.10'    | 4,452.41 |
| 1   | 2-3/8" , 4.7#, J-55, 8rd, EUE tbg | 31.63'   | 4,484.04 |
| 1   | 4 1/2" PS-1 Inj PKR               | 6.62'    | 4,490.66 |
|     |                                   |          |          |

**STATE OF UTAH**  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

|   |  |  |  |
|---|--|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br><small>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.</small> |  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br><b>SLC066312</b>          |
|   |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                |
|   |  |  | 7. UNIT or CA AGREEMENT NAME:<br><b>Walker Hollow Unit UTU66837A</b> |
|   |  |  | 8. WELL NAME and NUMBER:<br><b>Walker Hollow Unit #30</b>            |
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>   |  |  | 9. API NUMBER:<br><b>4304730094</b>                                  |
| 2. NAME OF OPERATOR:<br><b>Citation Oil &amp; Gas Corp.</b>   |  |  | 10. FIELD AND POOL, OR WILDCAT:<br><b>Walker Hollow Green River</b>  |
| 3. ADDRESS OF OPERATOR:<br><b>P.O. Box 690688</b> CITY <b>Houston</b> STATE <b>TX</b> ZIP <b>77269</b>  |  | PHONE NUMBER:<br><b>(281) 517-7194</b> |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <b>660' FSL &amp; 1980' FEL</b>   |  |  | COUNTY: <b>Uintah</b>  |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SESE 2 7S 23E</b>   |  |  | STATE: <b>UTAH</b>   |

| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   |   |   |  |
|---|---|---|--|
| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br><br>Approximate date work will start:<br><br><input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br><br>Date of work completion: | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input checked="" type="checkbox"/> CASING REPAIR       | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
|   | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input type="checkbox"/> OTHER: _____                  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

MIRU and TOH with tubing. TIH - tagged @5613'. Set CICR @5564' and squeezed DL1a perms (5573' - 91') with 25 sx "G". Stung out - TIH with bit & scraper to 5564' (no cement). TIH with RBP - set @4553' - HIC between 2639' - 2646'; shot 8 squeeze holes 2645' - 2649', set pkr @2397' & squeezed with 150 sx. Drilled out, RT bit & scraper to 4540' - HIC between 2793' - 2890'. Perfd 4 squeeze holes 2890' - 2891' and set pkr @2660' and squeezed with 100 sx Type V with 2% CaCl2. TIH and tagged cement @2858' - HIC between 2795' - 2858'. TIH to 2874' to solid cement. TIH with bit & scraper - tagged 3030' - HIC 2895' - 2897'. TIH with CICR - set @2850' - M&P'd 50 sx Micromatrix cement and stung into CICR. TIH with bit & DC's to 2700' - tagged CICR @2850'. Drid to 2900', fell out of cement and TIH with bit & scraper to 4539'. Tagged sand and TOH. TIH to 2911', mixed and spotted 8.33 bbls Permaseal and PUH to 2333'. Left well shut in with 1500 psi overnight. TIH with bit & scraper - tagged fill @4535' and circ'd Permaseal, cement and sand off RBP @4553', released RBP and TOH. TIH, set pkr @4891' pumped 47 bbl pad of 2% KCl & 95 bbls 15% HCl acid - 30 bbls 2% KCl flush. CHC and TOH with pkr & workstring. TIH with packers and injection tubing - AR 1 Snapset pkr @4477.79'; PS 1 pkr and end of tubing @4901.15'. MIT'd well on 3/4/2005 and received EPA verbal approval to begin injecting into well @3:30 PM on 3/17/2005.

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Production/Regulatory Coordinator</u> |
| SIGNATURE <u><i>Debra Harris</i></u>    | DATE <u>3/22/2005</u>                          |

(This space for State use only)

**RECEIVED**

**MAR 24 2005**

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|   |  |  |
|---|--|--|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br><b>SLC066312</b>          |
| 2. NAME OF OPERATOR:<br><b>Citation Oil &amp; Gas Corp.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY <u>Houston</u> STATE <u>TX</u> ZIP <u>77269-0688</u>          |  | 7. UNIT or CA AGREEMENT NAME:<br><b>Walker Hollow Unit UTU66837A</b> |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <b>660' FSL &amp; 1860' FEL</b>                                   |  | 8. WELL NAME and NUMBER:<br><b>Walker Hollow Unit #30</b>            |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SWSE 2 7S 23E</b>   |  | 9. API NUMBER:<br><b>4304730094</b>                                  |
| COUNTY: <b>Uintah</b>   |  | 10. FIELD AND POOL, OR WILDCAT:<br><b>Walker Hollow Green River</b>  |
| STATE: <b>UTAH</b>  |  |  |

**CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start: _____ | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input checked="" type="checkbox"/> CASING REPAIR       | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion: _____              | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input type="checkbox"/> OTHER: _____                  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Citation Oil & Gas Corp. requests approval to inject polymer and squeeze a casing leak in the above referenced well to obtain mechanical integrity with the attached procedure.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

NAME (PLEASE PRINT) Bridget Lisenbe

TITLE Regulatory Assistant

SIGNATURE

*Bridget Lisenbe*

DATE 3/29/2006

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APR 03 2006

DIV. OF OIL, GAS & MINING

## Work Over Procedure:

Objective: Squeeze casing leak and obtain successful MIT.

Comments: 1. Casing has been squeezed multiple times during WO in 2/2005.

### Data:

Casing: 4.5", 9.5#, J-55

ID 4.0090"

Drift 3.965"

Capacity 0.01624 bbl/ft

Burst 4380 psi; 80% = 3504 psi

Tubing: 2 3/8", 4.7#, J-55, 8rd, EUE

Capacity 0.00387 bbl/ft

Burst 7700 psi; 80% = 6160 psi

Collapse 8100 psi; 80% = 6480 psi

Yield 71,730 lbs; 80% = 57384 lbs

4.5" X 2 3/8" annular capacity 0.0108 bbl/ft

1. MIRUSU.
2. Pressure test casing and record injection rate and pressure.
3. ND Tree. NU 3M BOP's. Pick up and Release AR-1 snapset pkr at 4482'.
4. Establish injection rate into D4a and D4c perms. Contact engineering before pumping polymer and report results.
5. Spot Polymer per attached design to cover interval from 2654 – 2891'.
6. Slack off and reset snapset packer.
7. Squeeze polymer into leak per attached design.
8. Perform MIT.
9. Notify the EPA of the test. ND BOP. NU WH.
10. Return well to injection.

### List of Citation Contacts

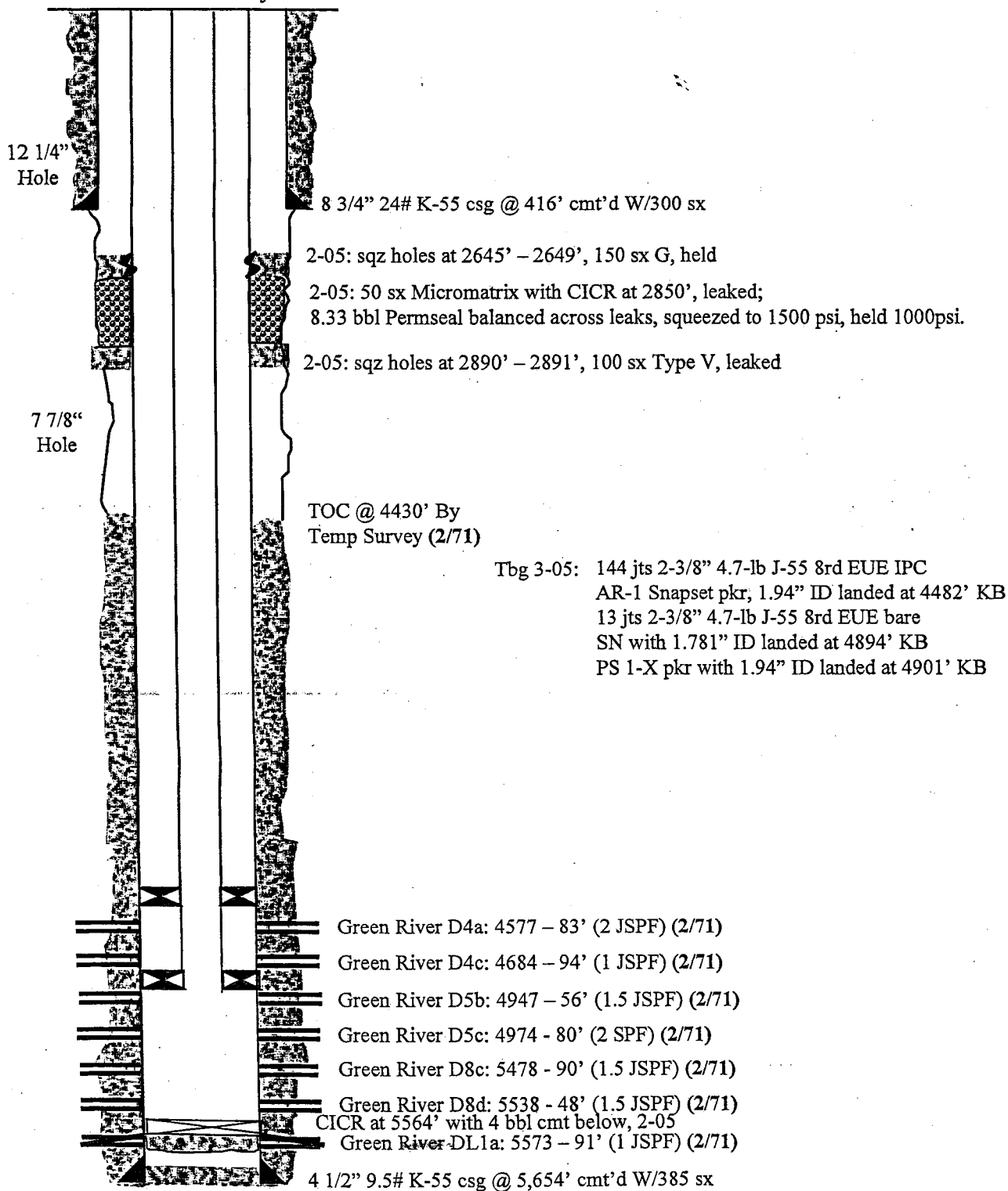
|                |               |   |
|----------------|---------------|---|
| Foreman        | Robert Eye    | Cell: 435.790.4406 Home: 435.781.4147   |
| Lease Operator | Shane White   | Cell: 435.621.1441 Home: 435.789.4422   |
| Engineer       | Chad Stallard | Cell: 713.249.4671 Office: 281-517-7527 |

Update: 3-17-05 BC

**CITATION OIL & GAS CORP.**  
**WALKER HOLLOW UNIT #30WIW**  
**660' FSL & 1980 FEL, SW SE, Section 2, T-7-S, R-23-E**  
**UINTAH CO., UTAH**

KB: 13 FT

Status: Active water injector



PBTD: 5615'

TD: 5654'



STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

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|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| PHONE NUMBER: (281) 517-7800   |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 9. API NUMBER:<br>4304730094                                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
|  |  | COUNTY: Uintah  |
|  |  | STATE: UTAH   |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
|---|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input checked="" type="checkbox"/> CASING REPAIR       | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>3/29/2006 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: Obtain MIT  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 3/29/2006, MIRU hot oiler and Polymer Services. PU snap seat packer to neutral position and pumped 10 bbls packer fluid. Pumped 10 bbls LeakBlock-HD polymer, displaced with 20 bbls packer fluid - 1 bpm @1150 psi. Shut well in for 30 minutes. Set packer, ND BOP and NU WH. MIT'd casing and shut well in. EPA's Nathan Wiser verbally approved polymer procedure to obtain MIT (copy of approval letter attached). EPA approved MIT but was not on location.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |                                     |
|---|-------------------------------------|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Production Analyst III</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>4/6/2006</u>                |

(This space for State use only)

RECEIVED

APR 10 2006

DIV. OF OIL, GAS & MINING



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 8

999 18<sup>TH</sup> STREET - SUITE 300  
DENVER, CO 80202-2486  
<http://www.epa.gov/region08>

MAR 31 2006

Ref: 8ENF-UFO

**CERTIFIED MAIL 7005-0390-0000-4846-5803**  
**RETURN RECEIPT REQUESTED**Robert Eye, Production Foreman  
Citation Oil and Gas Corporation  
P. O. Box 1026  
Vernal, Utah 84078Re: Underground Injection Control (UIC)  
Permission To Resume Injection and  
New MIT Schedule  
Walker Hollow #30  
EPA ID No. UT20000-02344  
Walker Hollow Field  
Uintah County, Utah

Dear Mr. Eye:

On March 31, 2006, EPA received information from Citation Oil and Gas Corporation on the above referenced well concerning the workover to fix a casing leak and the follow up mechanical integrity test (MIT) conducted on March 29, 2006. The data submitted shows that the well passed the required MIT. Therefore, pursuant to the above-referenced UIC Permit and Title 40 of the Code of Federal Regulations (40 CFR) Section 144.28(f)(3), permission to resume injection is granted.

In addition, since the rework of the well included the use of a second annulus additive to seal the casing leak at approximately 2850 feet below surface, EPA is establishing a new MIT frequency. Pursuant to 40 CFR §144.28(g)(2)(iv)(B), you must demonstrate mechanical integrity at this well, following a standard annulus pressure test, at least once every six months.

Under continuous service, the next MIT will be due on or before September 29, 2006. If the well is to be temporarily abandoned (TA'd), EPA should be notified. If the well is abandoned for more than two (2) years, it shall be plugged and abandoned in accordance with UIC regulations unless sufficient reasons are provided by Citation to extend the TA status.



Printed on Recycled Paper

03/31/2006 17:28 FAX 3033126408

EPA REGION 8

EPA REGION 8

2

Failure to comply with the UIC regulations found at 40 CFR Parts 144 through 148 constitute one or more violations of the Safe Drinking Water Act, 42 U.S.C. §300h. Such non-compliance may subject you to formal enforcement by EPA, as codified at 40 CFR Part 22.

If you have any questions concerning this letter, you may contact Nathan Wiser at (303) 312-6211.

Sincerely,

  
Elisabeth Evans  
Director  
Technical Enforcement Program

cc: Maxine Natchees, Acting Chairperson  
Utah & Ouray Business Committee  
P.O. Box 190  
Fort Duchesne, Utah 84026

Elaine Willie, Environmental Coordinator  
Ute Indian Tribe  
P.O. Box 460  
Fort Duchesne, Utah 84026

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 3/29/06  
Test conducted by: Robert Eyr (COG) Denny Haddock By Red  
Others present: \_\_\_\_\_

|   |   |                  |
|---|---|------------------|
| Well Name: <u>WHL #30</u>   | Type: ER <u>SWD</u>                     | Status: AC TA UC |
| Field: <u>Walker Hollow</u>   | Active IN needed Repair                 |                  |
| Location: <u>S4SE</u> Sec: <u>2</u> T <u>7</u> N <u>18</u> R <u>23</u> E W County: <u>Uintah</u> State: <u>UT</u> |   |                  |
| Operator: <u>Citation Oil &amp; Gas</u>   |   |                  |
| Last MIT: <u>3/10/05</u>  | Maximum Allowable Pressure: <u>1584</u> | PSIG             |

3-7-06 - NOT PERFORMED

Is this a regularly scheduled test? ☐ Yes ☒ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☒ Yes ☐ No  
Well injecting during test? ☐ Yes ☒ No If Yes, rate: \_\_\_\_\_ bpd

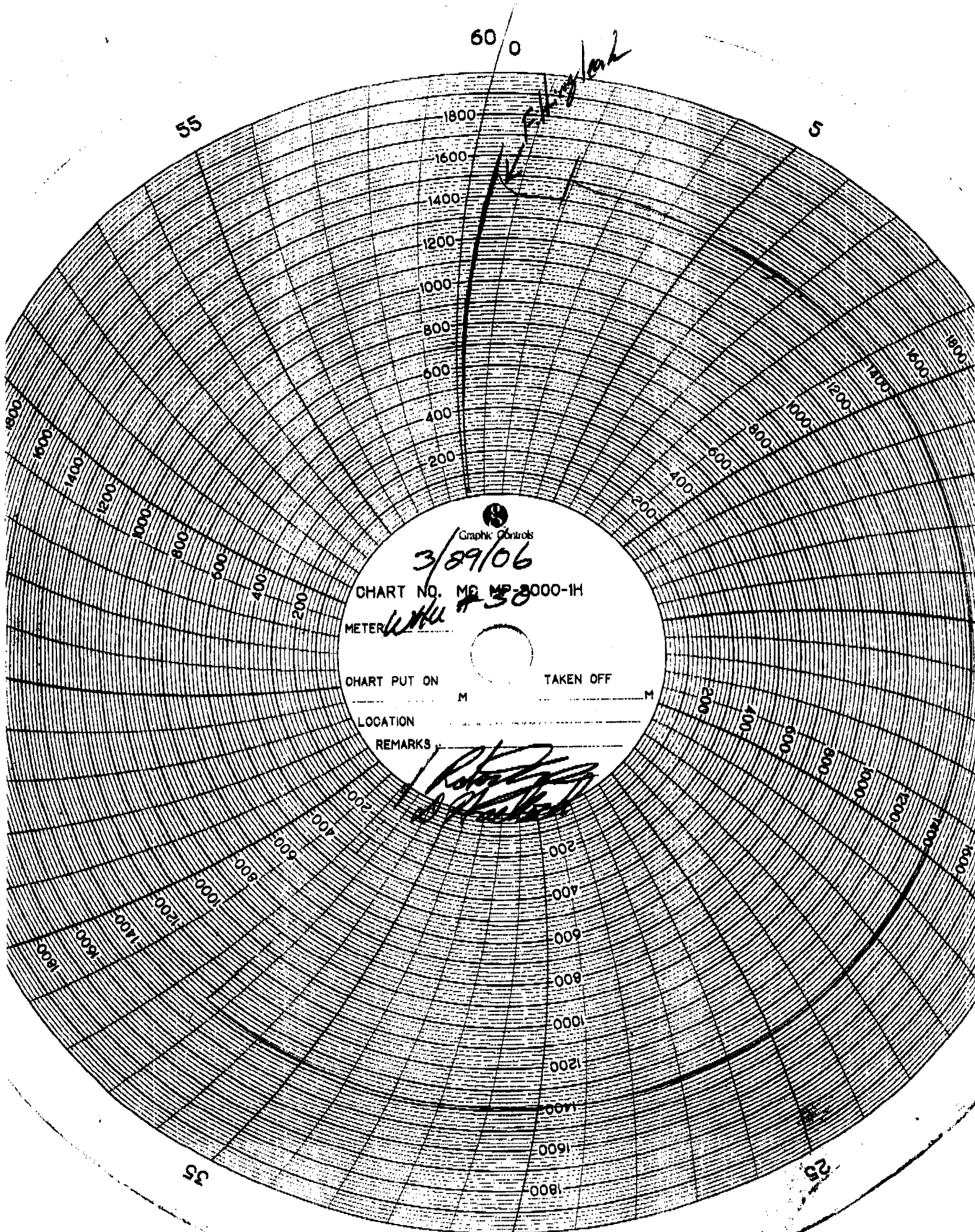
Pre-test casing/tubing annulus pressure: 200/0 psig

| MIT DATA TABLE         |  | Test #1   | Test #2   | Test #3   |
|------------------------|--|---|---|---|
| <b>TUBING</b>          |  | <b>PRESSURE</b>   |   |   |
| Initial Pressure       | <u>200</u>   | psig  | psig  | psig  |
| End of test pressure   | <u>215</u>   | psig  | psig  | psig  |
| <b>CASING / TUBING</b> |  | <b>ANNULUS PRESSURE</b>                                     |   |   |
| 0 minutes              | <u>1500</u>  | psig  | psig  | psig  |
| 5 minutes              | <u>1420</u>  | psig  | psig  | psig  |
| 10 minutes             | <u>1418</u>  | psig  | psig  | psig  |
| 15 minutes             | <u>1418</u>  | psig  | psig  | psig  |
| 20 minutes             | <u>1416</u>  | psig  | psig  | psig  |
| 25 minutes             | <u>1410</u>  | psig  | psig  | psig  |
| 30 minutes             | <u>1380</u>  | psig  | psig  | psig  |
| <u>35</u> minutes      | <u>1360</u>  | psig  | psig  | psig  |
| _____ minutes          |  | psig  | psig  | psig  |
| RESULT                 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:  
Not performed



STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|   |  |  |
|---|--|--|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br><b>SLC066312</b>          |
| 2. NAME OF OPERATOR:<br><b>Citation Oil &amp; Gas Corp.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 <u>HOUSTON</u> <u>TX</u> <u>77269-0688</u>                         |  | 7. UNIT or CA AGREEMENT NAME:<br><b>Walker Hollow Unit UTU66837A</b> |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <b>660' FSL &amp; 1860' FEL</b>                                   |  | 8. WELL NAME and NUMBER:<br><b>Walker Hollow Unit #30</b>            |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SWSE 2 7S 23E</b>   |  | 9. API NUMBER:<br><b>4304730094</b>                                  |
| COUNTY: <b>Uintah</b>   |  | 10. FIELD AND POOL, OR WILDCAT:<br><b>Walker Hollow Green River</b>  |
| STATE: <b>UTAH</b>  |  |  |

**CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
|--|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____                     | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br><b>9/26/2006</b> | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well on 9/26/2006. A copy of the report is attached.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |                                     |
|---|-------------------------------------|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Production Analyst III</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>9/27/2006</u>               |

(This space for State use only)

RECEIVED  
OCT 03 2006  
DIV. OF OIL, GAS & MINING

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 9/26/06  
Test conducted by: Robert Eye - COG  
Others present: Denny Haddock - Big Red Hot oilers

|   |   |                           |
|---|---|---------------------------|
| Well Name: <u>WHL # 30</u>  | Type: ER <u>(SWD)</u>                   | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>   |   | <u>Active IWS</u>         |
| Location: <u>SW/SE</u> Sec: <u>2</u> T: <u>7</u> N: <u>(S)</u> R: <u>23</u> E/W County: <u>Utah</u> |   | State: <u>UT</u>          |
| Operator: <u>Citation Oil &amp; Gas Corp</u>  |   |                           |
| Last MIT: <u>3/10/06</u>  | Maximum Allowable Pressure: <u>1584</u> | PSIG                      |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 132 bpd

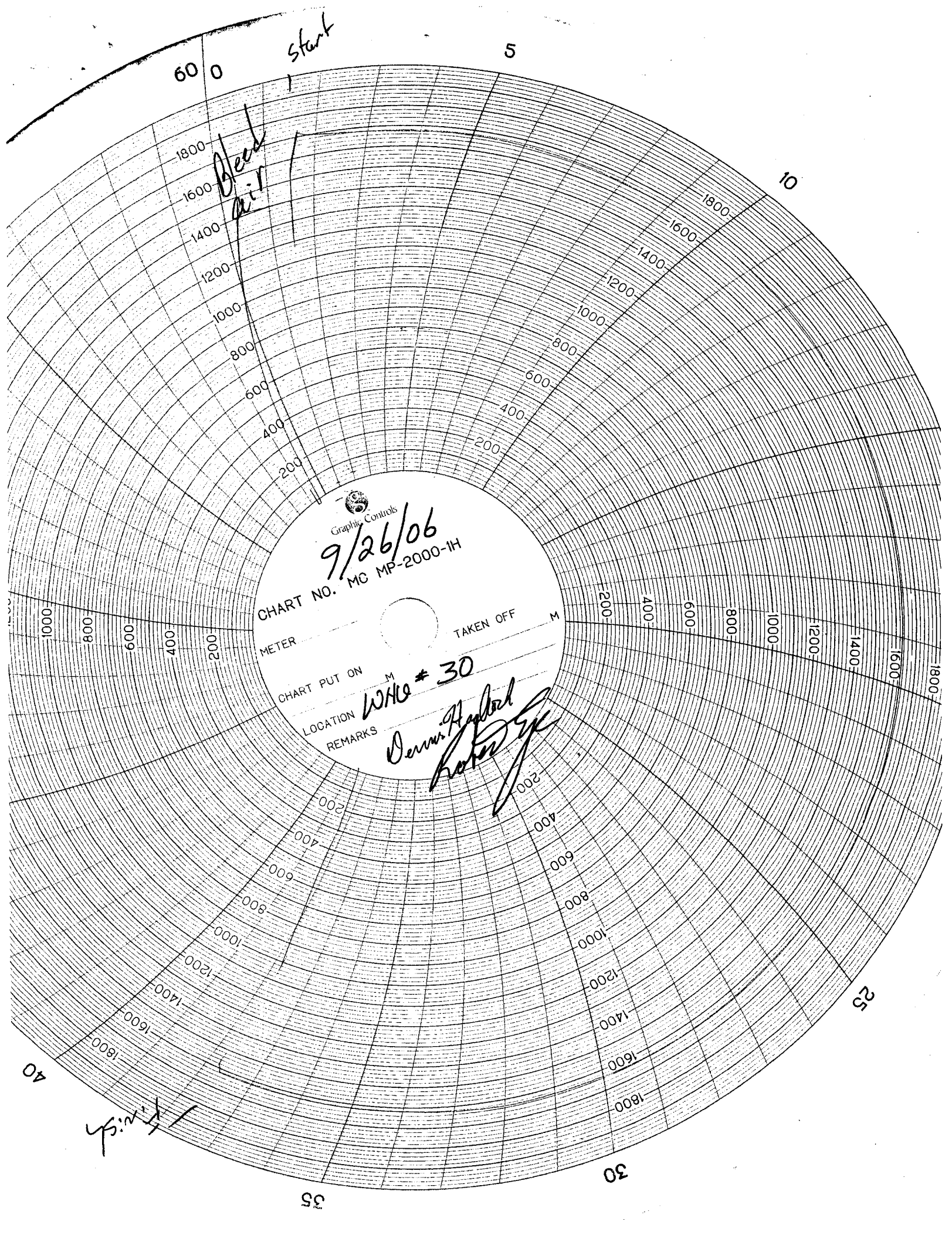
Pre-test casing/tubing annulus pressure: 0 csg / 1165 Hg psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1165</u> psig   |   |   |   |
| End of test pressure                    | <u>1165</u> psig   |   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1710</u> psig   |   |   |   |
| 5 minutes                               | <u>1670</u> psig   |   |   |   |
| 10 minutes                              | <u>1659</u> psig   |   |   |   |
| 15 minutes                              | <u>1638</u> psig   |   |   |   |
| 20 minutes                              | <u>1638</u> psig   |   |   |   |
| 25 minutes                              | <u>1635</u> psig   |   |   |   |
| 30 minutes                              | <u>1635</u> psig   |   |   |   |
| <u>35</u> minutes                       | <u>1620</u> psig   |   |   |   |
| _____ minutes                           | _____ psig   |   |   |   |
| <b>RESULT</b>                           | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:  
Denny Haddock Robert Eye



start

bleed  
air

finish



9/26/06

CHART NO. MC MP-2000-1H

METER

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

WHL # 30

Dennis H. Hylton  
Hylton & Hylton



STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|   |  |  |
|---|--|--|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br><b>SLC066312</b>          |
| 2. NAME OF OPERATOR:<br><b>Citation Oil &amp; Gas Corp.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY <u>Houston</u> STATE <u>TX</u> ZIP <u>77269-0688</u>          |  | 7. UNIT or CA AGREEMENT NAME:<br><b>Walker Hollow Unit UTU66837A</b> |
| PHONE NUMBER:<br><b>(281) 517-7800</b>  |  | 8. WELL NAME and NUMBER:<br><b>Walker Hollow Unit #30</b>            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <b>660' FSL &amp; 1860' FEL</b>                                   |  | 9. API NUMBER:<br><b>4304730094</b>                                  |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SWSE 2 7S 23E</b>   |  | 10. FIELD AND POOL, OR WILDCAT:<br><b>Walker Hollow Green River</b>  |
| COUNTY: <b>Uintah</b>   |  | STATE: <b>UTAH</b>   |

| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  |   |   |  |
|--|---|---|--|
| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____                     | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br><u>3/22/2007</u> | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well on 3/22/2007. A copy of the report is attached for your review.

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u><i>Debra Harris</i></u>    | DATE <u>4/11/2007</u>                          |

(This space for State use only)

**RECEIVED**

**APR 16 2007**

**DIV. OF OIL, GAS & MINING**

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A

Date: 3 22 107 <sup>1m</sup>

Test conducted by: Robert Eyr C.O.G.

Others present: Denny H. Adcock - Big Red Hot oil

Next Due 9/22/07

|   |   |                           |
|---|---|---------------------------|
| Well Name: <u>WHA #30</u>   | Type: ER <u>(SWD)</u>                   | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>   |   |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T: <u>7</u> N: <u>5</u> R: <u>23</u> E: <u>W</u> County: <u>Lincoln</u> State: <u>UT</u> |   |                           |
| Operator: <u>Citation Oil &amp; Gas Corp</u>  |   |                           |
| Last MIT: <u>9 126 106</u>  | Maximum Allowable Pressure: <u>1584</u> | PSIG                      |

Is this a regularly scheduled test? ☒ Yes ☐ No

Initial test for permit? ☐ Yes ☒ No

Test after well rework? ☐ Yes ☒ No

Well injecting during test? ☒ Yes ☐ No

If Yes, rate: 146 bpd

Pre-test casing/tubing annulus pressure: 0 / 1375 psig

| MIT DATA TABLE         |  | Test #1   | Test #2   | Test #3   |
|------------------------|--|---|---|---|
| <b>TUBING</b>          |  | <b>PRESSURE</b>   |   |   |
| Initial Pressure       | <u>1375</u> psig   |   | psig  | psig  |
| End of test pressure   | <u>1375</u> psig   |   | psig  | psig  |
| <b>CASING / TUBING</b> |  | <b>ANNULUS PRESSURE</b>                                     |   |   |
| 0 minutes              | <u>1700</u> psig   |   | psig  | psig  |
| 5 minutes              | <u>1630</u> psig   |   | psig  | psig  |
| 10 minutes             | <u>1610</u> psig   |   | psig  | psig  |
| 15 minutes             | <u>1590</u> psig   |   | psig  | psig  |
| 20 minutes             | <u>1585</u> psig   |   | psig  | psig  |
| 25 minutes             | <u>1575</u> psig   |   | psig  | psig  |
| 30 minutes             | <u>1555</u> psig   |   | psig  | psig  |
| _____ minutes          | psig   |   | psig  | psig  |
| _____ minutes          | psig   |   | psig  | psig  |
| RESULT                 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

Does the annulus pressure build back up after the test? ☐ Yes ☐ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Robert Eyr D H Adcock

60 0

START  
1700

10

15

20

25

30

35



Graphic Controls

3/22/07  
CHART NO. MC MP-2000-1H

METER

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

WHL 830 MET  
Robert Hall

**STATE OF UTAH**  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. NAME OF OPERATOR:  
Citation Oil & Gas Corp.

3. ADDRESS OF OPERATOR: P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688 PHONE NUMBER: (281) 517-7800

4. LOCATION OF WELL

FOOTAGES AT SURFACE: 660' FSL & 1860' FEL

COUNTY: Uintah

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E

STATE: UTAH

5. LEASE DESIGNATION AND SERIAL NUMBER:  
SLC066312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT or CA AGREEMENT NAME:  
Walker Hollow Unit UTU66837A

8. WELL NAME and NUMBER:  
Walker Hollow Unit #30

9. API NUMBER:  
4304730094

10. FIELD AND POOL, OR WILDCAT:  
Walker Hollow Green River

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
|--|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____                     | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br><u>9/20/2007</u> | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well on 9/20/2007. A copy of the report is attached for your review.

NAME (PLEASE PRINT) Debra Harris

TITLE Regulatory Compliance Coordinator

SIGNATURE *Debra Harris*

DATE 9/25/2007

(This space for State use only)

**RECEIVED**  
**SEP 27 2007**  
DIV. OF OIL, GAS & MINING

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A but was called Date: 9 20 10 1512  
Test conducted by: Robert Eyr  
Others present: Denny Hadlock - Big Red but oil

|  |   |                           |
|--|---|---------------------------|
| Well Name: <u>WHL # 30</u>   | Type: ER <u>(SWD)</u>                   | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |   |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T: <u>7</u> N: <u>(S)</u> R: <u>23</u> E: <u>(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |   |                           |
| Operator: <u>Citation Oil &amp; Gas Corp Inc</u>   |   |                           |
| Last MIT: <u>3 122 107</u>   | Maximum Allowable Pressure: <u>1584</u> | PSIG                      |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 159 bpd

Pre-test casing/tubing annulus pressure: 0 / 1369 psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1369</u> psig   |   |   |   |
| End of test pressure                    | <u>1370</u> psig   |   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1760</u> psig   |   |   |   |
| 5 minutes                               | <u>1720</u> psig   |   |   |   |
| 10 minutes                              | <u>1710</u> psig   |   |   |   |
| 15 minutes                              | <u>1700</u> psig   |   |   |   |
| 20 minutes                              | <u>1700</u> psig   |   |   |   |
| 25 minutes                              | <u>1698</u> psig   |   |   |   |
| 30 minutes                              | <u>1697</u> psig   |   |   |   |
| <u>35</u> minutes                       | <u>1697</u> psig   |   |   |   |
| <u>36</u> minutes                       | <u>1697</u> psig   |   |   |   |
| RESULT                                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

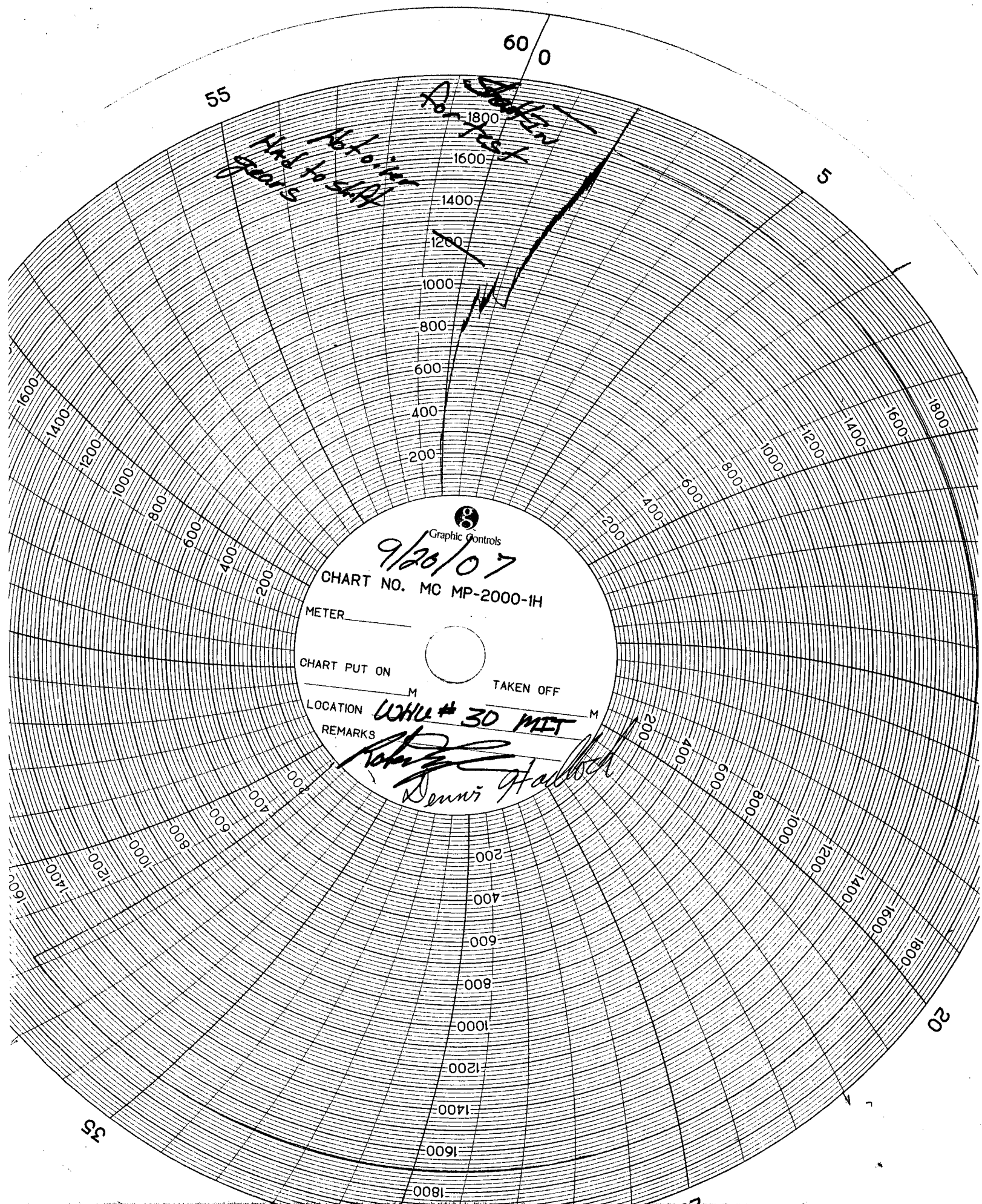
Does the annulus pressure build back up after the test? ☐ Yes ☐ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: [Signature]

Denny Hadlock



55

60 0

5

20

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9/26/07

Graphic Controls

CHART NO. MC MP-2000-1H

METER \_\_\_\_\_

CHART PUT ON \_\_\_\_\_

TAKEN OFF \_\_\_\_\_

LOCATION WHL # 30 MET

REMARKS

*Robert [Signature]*  
*Dennis Haddock*

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|   |  |   |
|---|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY <u>Houston</u> STATE <u>TX</u> ZIP <u>77269-0688</u>          |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| PHONE NUMBER:<br><u>(281) 517-7800</u>  |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <u>660' FSL &amp; 1860' FEL</u>                                   |  | 9. API NUMBER:<br>4304730094                                  |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <u>SWSE 2 7S 23E</u>   |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
| COUNTY: <u>Uintah</u>   |  | STATE: <u>UTAH</u>  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
|--|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____                     | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br><u>3/17/2008</u> | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well 9/23/2008. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>9/29/2008</u>                          |

(This space for State use only)

RECEIVED  
OCT 02 2008

DIV. OF OIL, GAS & MINING



# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

*✓ m/s*

EPA Witness: N/A Nathan Wiser was called Date: 9/23/08  
Test conducted by: Jeff Oaks COGC  
Others present: Leslie Taylor Big Red hotail

80.05011.1

|  |                       |                           |
|--|-----------------------|---------------------------|
| Well Name: <u>WHU # 30</u>   | Type: ER <u>(SWD)</u> | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |                       |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |                       |                           |
| Operator: <u>Citation Oil &amp; Gas Corp.</u>  |                       |                           |
| Last MIT: <u>3/17/08</u> Maximum Allowable Pressure: <u>1584</u> PSIG  |                       |                           |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 215 bpd

Pre-test casing/tubing annulus pressure: 0 / 1220 psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1220</u> psig   |   |   |   |
| End of test pressure                    | <u>1225</u> psig   |   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1720</u> psig   |   |   |   |
| 5 minutes                               | <u>1705</u> psig   |   |   |   |
| 10 minutes                              | <u>1690</u> psig   |   |   |   |
| 15 minutes                              | <u>1680</u> psig   |   |   |   |
| 20 minutes                              | <u>1670</u> psig   |   |   |   |
| 25 minutes                              | <u>1660</u> psig   |   |   |   |
| 30 minutes                              | <u>1650</u> psig   |   |   |   |
| <u>32</u> minutes                       | <u>1647</u> psig   |   |   |   |
| _____ minutes                           | _____ psig   |   |   |   |
| RESULT                                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

**RECEIVED**

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

OCT 02 2008

### MECHANICAL INTEGRITY PRESSURE TEST

DIV. OF OIL, GAS & MININ

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Jeff Oaks Leslie Taylor



00/0

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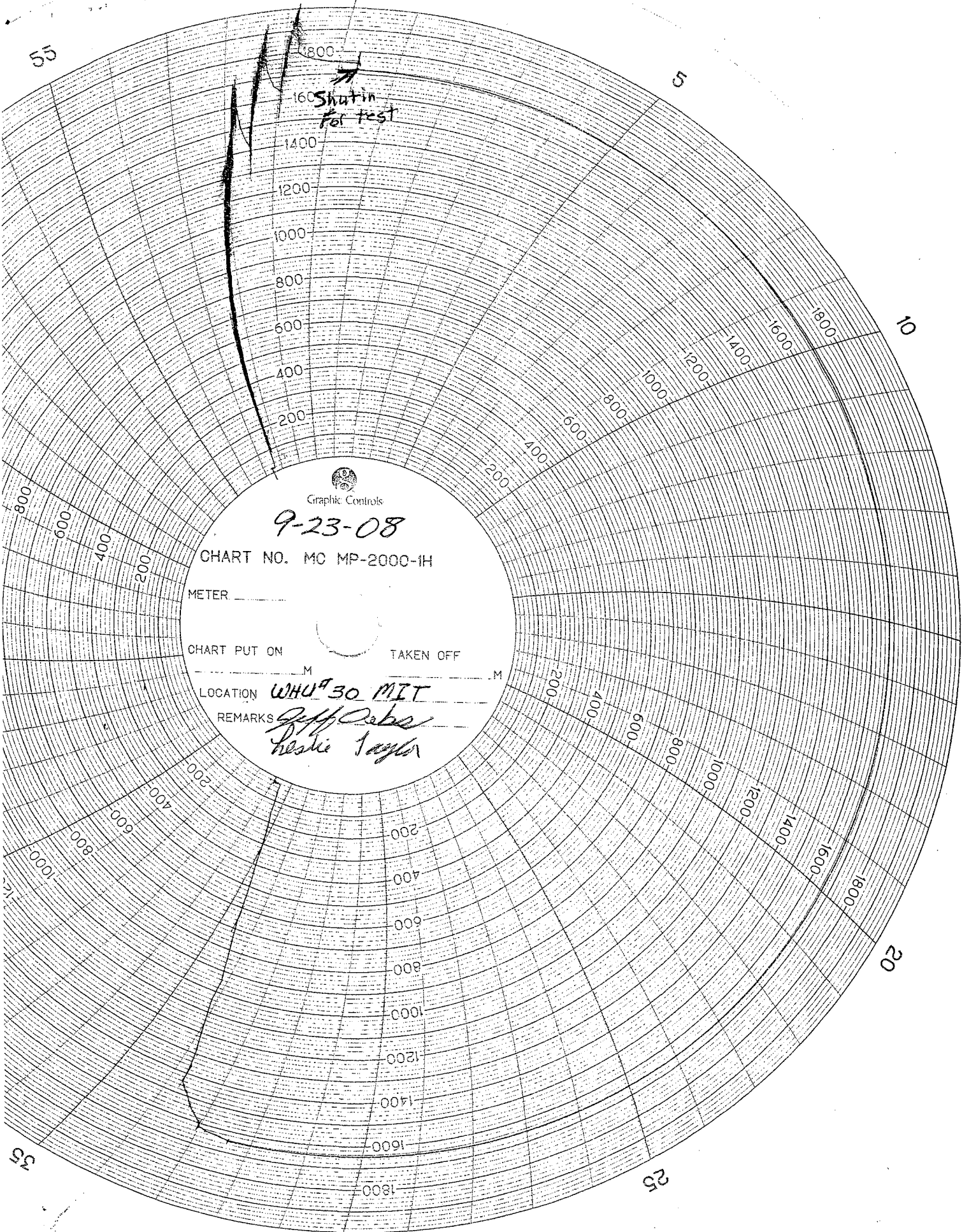
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PRINTED IN U.S.A.



Graphic Controls

9-23-08

CHART NO. MC MP-2000-1H

METER \_\_\_\_\_

CHART PUT ON \_\_\_\_\_

TAKEN OFF \_\_\_\_\_

LOCATION WHU#30 MIT

REMARKS Giff Oabe  
Heslie Taylor

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|   |  |  |
|---|--|--|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u> |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br><b>SLC066312</b>          |
| 2. NAME OF OPERATOR:<br><b>Citation Oil &amp; Gas Corp.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY <u>Houston</u> STATE <u>TX</u> ZIP <u>77269-0688</u>          |  | 7. UNIT or CA AGREEMENT NAME:<br><b>Walker Hollow Unit UTU66837A</b> |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: <b>660' FSL &amp; 1860' FEL</b>                                   |  | 8. WELL NAME and NUMBER:<br><b>Walker Hollow Unit #30</b>            |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SWSE 2 7S 23E</b>   |  | 9. API NUMBER:<br><b>4304730094</b>                                  |
| COUNTY: <b>Uintah</b>   |  | 10. FIELD AND POOL, OR WILDCAT:<br><b>Walker Hollow Green River</b>  |
| STATE: <b>UTAH</b>  |  |  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |
|--|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____                     | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|  | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|  | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|  | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|  | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br><b>3/16/2009</b> | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|  | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|  | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|  | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well 3/16/2009. A copy of the report is attached for your review.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY**

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u><i>Debra Harris</i></u>    | DATE <u>3/23/2009</u>                          |

(This space for State use only)

RECEIVED

MAR 30 2009

DIV. OF OIL, GAS & MINING

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 3/16/09  
Test conducted by: Jeff Oaks / COGC + Leray Carmickle / Big Red Hat Oil Service  
Others present: \_\_\_\_\_

API #: 43-047-30094

|  |                     |  |  |
|--|---------------------|--|--|
| Well Name: <u>Walker Hollow Unit # 30</u>  | Type: <u>ER</u> SWD | Status: <u>AC</u> TA UC                      |  |
| Field: <u>Walker Hollow</u>  |                     |  |  |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23</u> <u>(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |                     |  |  |
| Operator: <u>Citation Oil &amp; Gas Corp.</u>  |                     |  |  |
| Last MIT: <u>9/23/08</u>   |                     | Maximum Allowable Pressure: <u>1584</u> PSIG |  |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☐ No  
Test after well rework? ☐ Yes ☐ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 204 bpd

Pre-test casing/tubing annulus pressure: 0/1190 psig

### MIT DATA TABLE

|   | Test #1  | Test #2   | Test #3   |
|---|--|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |
| Initial Pressure                        | <u>1190</u> psig   | psig  | psig  |
| End of test pressure                    | <u>1190</u> psig   | psig  | psig  |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |
| 0 minutes                               | <u>1620</u> psig   | psig  | psig  |
| 5 minutes                               | <u>1605</u> psig   | psig  | psig  |
| 10 minutes                              | <u>1585</u> psig   | psig  | psig  |
| 15 minutes                              | <u>1575</u> psig   | psig  | psig  |
| 20 minutes                              | <u>1560</u> psig   | psig  | psig  |
| 25 minutes                              | <u>1550</u> psig   | psig  | psig  |
| 30 minutes                              | <u>1540</u> psig   | psig  | psig  |
| <u>35</u> minutes                       | <u>1525</u> psig   | psig  | psig  |
| _____ minutes                           | psig   | psig  | psig  |
| <b>RESULT</b>                           | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

**RECEIVED**  
**MAR 30 2009**

Additional comments for mechanical integrity pressure test, such as volume of fluid added and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

*Jeff Oaks* COGC 30094 12-2-0-1190

45

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40

Finish



Citation Oil & Gas Corp

CHART NO. MC MP-2000-1H

METER

CHART PUT ON  
2:05 P.M.

TAKEN OFF  
2:43 P.M.

LOCATION  
WHA50

REMARKS  
Off Cabalcoac.  
3-16-09  
1800 Red Netail  
#17

Start

10

15

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25

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STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| PHONE NUMBER:<br>(281) 517-7800  |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 9. API NUMBER:<br>4304730094                                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
|  |  | COUNTY: Uintah  |
|  |  | STATE: UTAH   |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
|---|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>9/16/2009 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: MIT         |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Well was successfully tested for mechanical integrity 9/16/2009. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>9/21/2009</u>                          |

(This space for State use only)

RECEIVED  
SEP 24 2009  
DIV. OF OIL, GAS & MINING

**Mechanical Integrity Test**  
**Casing or Annulus Pressure Mechanical Integrity Test**

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A

Date: 9/16/09

Test conducted by: Jeff Oaks / COGC & Leroy Carmickle / Big Red Hot Oil Service

Others present: FO 05011.1

|  |                       |                           |
|--|-----------------------|---------------------------|
| Well Name: <u>Walker Hollow Unit #30</u>   | Type: ER <u>(SWD)</u> | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |                       |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23</u> <u>(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |                       |                           |
| Operator: <u>Citation Oil &amp; Gas Corp.</u>  |                       |                           |
| Last MIT: <u>3/16/09</u> Maximum Allowable Pressure: <u>1584</u> PSIG  |                       |                           |

Is this a regularly scheduled test?

☒ Yes ☐ No

Initial test for permit?

☐ Yes ☒ No

Test after well rework?

☐ Yes ☒ No

Well injecting during test?

☒ Yes ☒ No

If Yes, rate: \_\_\_\_\_ bpd

Pre-test casing/tubing annulus pressure: 0/1020 psig

**MIT DATA TABLE**

|   | Test #1  | Test #2   | Test #3   |
|---|--|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |
| Initial Pressure                        | <u>1020</u> psig   |   |   |
| End of test pressure                    | <u>1005</u> psig   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |
| 0 minutes                               | <u>1525</u> psig   |   |   |
| 5 minutes                               | <u>1520</u> psig   |   |   |
| 10 minutes                              | <u>1515</u> psig   |   |   |
| 15 minutes                              | <u>1510</u> psig   |   |   |
| 20 minutes                              | <u>1500</u> psig   |   |   |
| 25 minutes                              | <u>1490</u> psig   |   |   |
| 30 minutes                              | <u>1480</u> psig   |   |   |
| <u>33</u> minutes                       | <u>1475</u> psig   |   |   |
| _____ minutes                           | _____ psig   |   |   |
| <b>RESULT</b>                           | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

58° Outside Temp

Does the annulus pressure build back up after the test? ☐ Yes

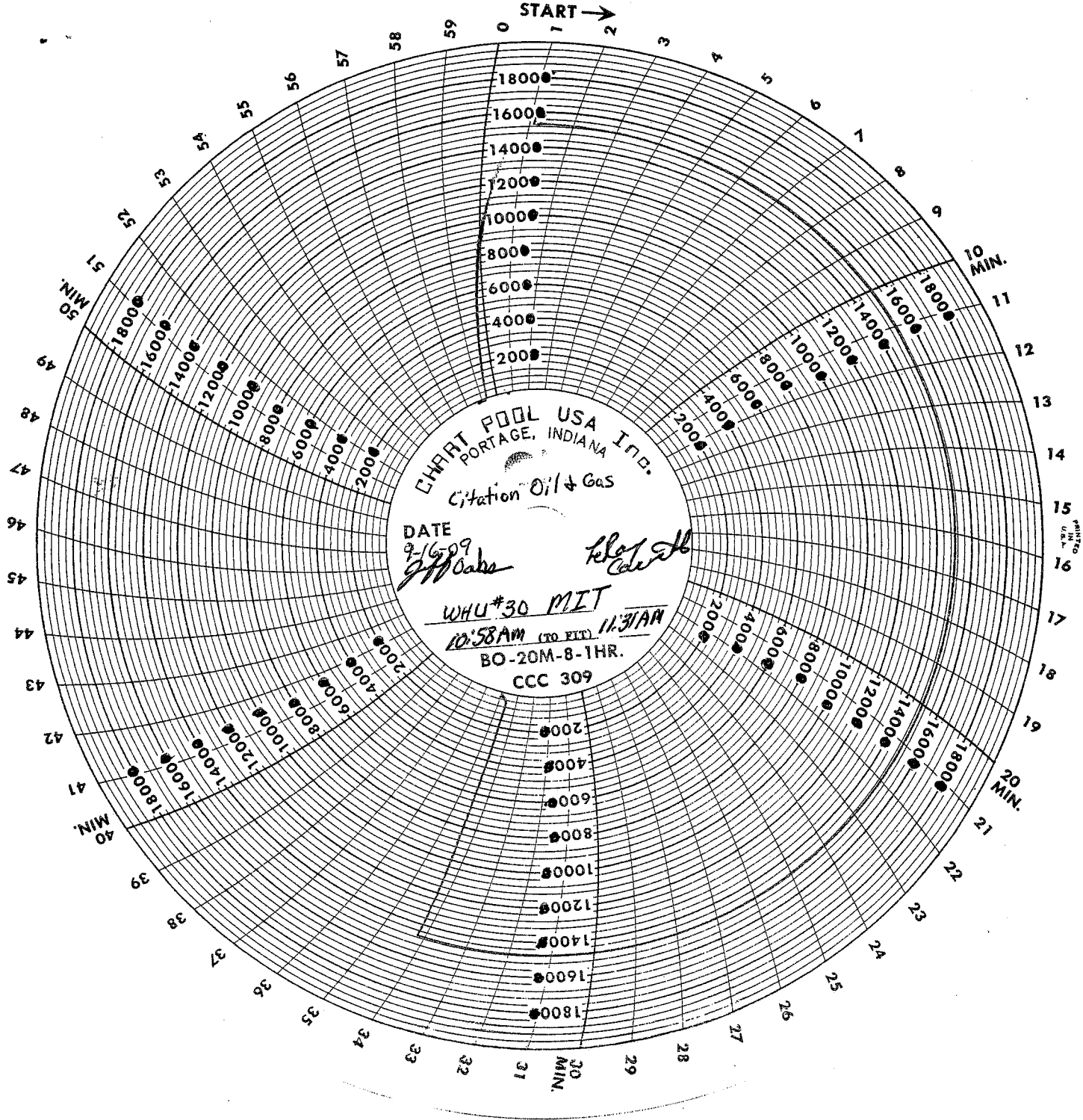
☒ No

**MECHANICAL INTEGRITY PRESSURE TEST**

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness:

Jeff Oaks COGC  
Leroy Carmickle Big Red  
Dobson, BLM CTR





STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

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|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| PHONE NUMBER:<br>(281) 517-7800  |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 9. API NUMBER:<br>4304730094                                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
|  |  | COUNTY: Uintah  |
|  |  | STATE: UTAH   |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |  |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |  |
|   | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |  |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |  |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |  |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>3/16/2010 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |  |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |  |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: MIT         |  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Well was successfully tested for mechanical integrity 3/16/2010. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
**FOR RECORD ONLY**

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>3/18/2010</u>                          |

(This space for State use only)

RECEIVED  
MAR 30 2010



# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: \_\_\_\_\_ Date: 3/16/10 /M  
Test conducted by: Jeff Oaks / COGC & Leroy Carmickle / Big Red Hot Oil Service  
Others present: PO, 05011.1 API: 43-047-30094

Well Name: Walker Hollow Unit # 30 Type: ER (SWD) Status: (AC) TA UC  
Field: Walker Hollow  
Location: SW/SE Sec: 2 T 7 N 10 R 23 E/W County: Uintah State: UT  
Operator: Citation Oil & Gas Corp.  
Last MIT: 9/16/09 Maximum Allowable Pressure: 1584 PSIG

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 230 bpd

Pre-test casing/tubing annulus pressure: 0 / 1200 psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1200</u> psig   |   |   |   |
| End of test pressure                    | <u>1200</u> psig   |   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1720</u> psig   |   |   |   |
| 5 minutes                               | <u>1710</u> psig   |   |   |   |
| 10 minutes                              | <u>1705</u> psig   |   |   |   |
| 15 minutes                              | <u>1700</u> psig   |   |   |   |
| 20 minutes                              | <u>1700</u> psig   |   |   |   |
| 25 minutes                              | <u>1695</u> psig   |   |   |   |
| 30 minutes                              | <u>1685</u> psig   |   |   |   |
| <u>35</u> minutes                       | <u>1685</u> psig   |   |   |   |
| <u>36</u> minutes                       | <u>1685</u> psig   |   |   |   |
| RESULT                                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

39° Out side temp.

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Jeff Oaks COGC

Leroy Carmickle Big Red

60 0

5

10

start test

1800

1600

1400

1200

1000

800

600

400

200

100

50

25

12.5

6.25

3.125

1.5625

0.78125

0.390625

0.1953125

0.09765625

0.048828125

0.0244140625

0.01220703125

0.006103515625

0.0030517578125

0.00152587890625

0.000762939453125

0.0003814697265625

0.00019073486328125

0.000095367431640625

0.0000476837158203125

Graphic Controls

*Safford COG*

CHART NO. MC MP-2000-1H  
Citation Oil & Gas

METER

TAKEN OFF 12:06 P.M.

CHART PUT ON 11:30 A.M.

LOCATION Walker Hollow Unit #30

REMARKS MIT

*delay caused by Big Red*

35

30

25

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| PHONE NUMBER:<br>(281) 517-7800  |  | 9. API NUMBER:<br>4304730094                                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
|  |  | COUNTY: Uintah  |
|  |  | STATE: UTAH   |

| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   |   |   |  |
|---|---|---|--|
| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>9/16/2010 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Successful MIT was performed on this well on 9/16/2010. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>9/22/2010</u>                          |

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RECEIVED  
SEP 27 2010

DIV. OF OIL, GAS & MINING

**Mechanical Integrity Test**  
**Casing or Annulus Pressure Mechanical Integrity Test**

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: \_\_\_\_\_ Date: 9-16-10 *ms*

Test conducted by: Jeff Oaks (COGC) / Leroy Carmickle (Big Red Hot Oil)

Others present: 805011.1, 43-047-30094

|  |                       |                           |
|--|-----------------------|---------------------------|
| Well Name: <u>Walker Hollow Unit #30</u>   | Type: ER <u>(SWD)</u> | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |                       |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23</u> <u>(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |                       |                           |
| Operator: <u>Citation Oil &amp; Gas Corp.</u>  |                       |                           |
| Last MIT: <u>3-16-10</u> Maximum Allowable Pressure: <u>1584</u> PSIG  |                       |                           |

Is this a regularly scheduled test? ☒ Yes ☐ No *(6-month MIT schedule)*  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 217 bpd

Pre-test casing/tubing annulus pressure: 0 / 1250 psig

| MIT DATA TABLE                          | Test #1  | Test #2   | Test #3   |
|---|--|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |
| Initial Pressure                        | <u>1250</u> psig   | psig  | psig  |
| End of test pressure                    | <u>1240</u> psig   | psig  | psig  |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |
| 0 minutes                               | <u>1750</u> psig   | psig  | psig  |
| 5 minutes                               | <u>1730</u> psig   | psig  | psig  |
| 10 minutes                              | <u>1710</u> psig   | psig  | psig  |
| 15 minutes                              | <u>1695</u> psig   | psig  | psig  |
| 20 minutes                              | <u>1685</u> psig   | psig  | psig  |
| 25 minutes                              | <u>1670</u> psig   | psig  | psig  |
| 30 minutes                              | <u>1660</u> psig   | psig  | psig  |
| <u>34</u> minutes                       | <u>1655</u> psig   | psig  | psig  |
| _____ minutes                           | psig   | psig  | psig  |
| <b>RESULT</b>                           | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

60° Outside temp

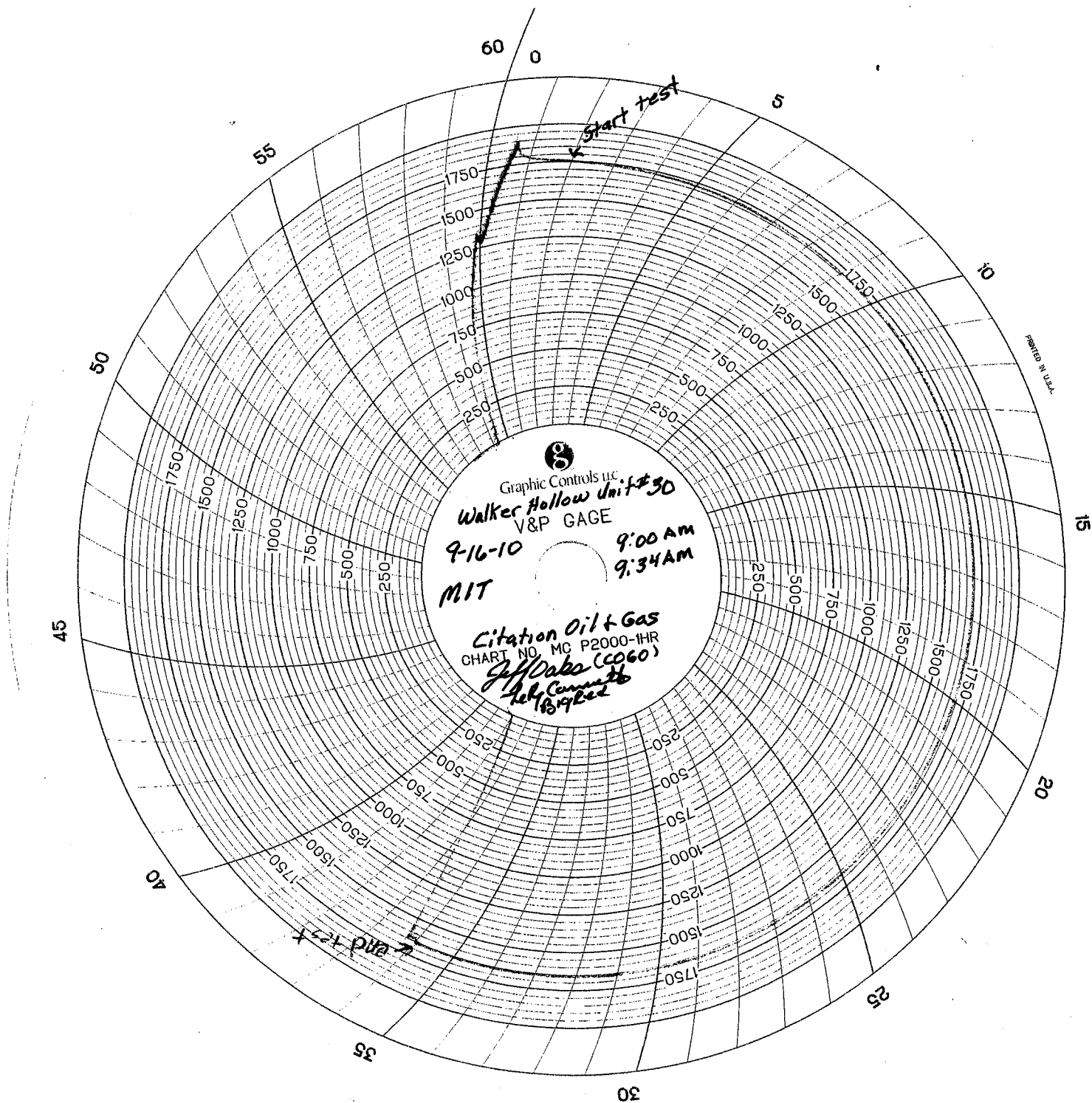
Does the annulus pressure build back up after the test? ☐ Yes ☒ No

**MECHANICAL INTEGRITY PRESSURE TEST**

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Jeff Oaks (COGC)

*OTR DH*  
BLM + DOGM  
Leroy Carmickle Big Red



STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| PHONE NUMBER:<br>(281) 517-7800  |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 9. API NUMBER:<br>4304730094                                  |
| COUNTY: Uintah   |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
| STATE: UTAH  |  |   |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
|---|---|---|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>3/16/2011 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Well was successfully tested for mechanical integrity 3/16/2011. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>3/22/2011</u>                          |

(This space for State use only)

RECEIVED

MAR 28 2011

DIV. OF OIL, GAS & MINING

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 3/16/11 ins  
Test conducted by: Jeff Oaks COGC / Leroy Carmickle Big Red 43-047-30094  
Others present: \_\_\_\_\_ 80-05011-1

|  |  |                           |
|--|--|---------------------------|
| Well Name: <u>Walker Hollow Unit #30</u>                                     | Type: ER <u>(SWD)</u>                        | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |  |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23</u> E/W | County: <u>Uintah</u> State: <u>UT</u>       |                           |
| Operator: <u>Citation Oil &amp; Gas Corp.</u>                                |  |                           |
| Last MIT: <u>9/16/10</u>   | Maximum Allowable Pressure: <u>1584</u> PSIG |                           |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 209 bpd

Pre-test casing/tubing annulus pressure: 0 / 1200 psig

| MIT DATA TABLE         | Test #1  | Test #2   | Test #3   |
|------------------------|--|---|---|
| <b>TUBING</b>          | <b>PRESSURE</b>  | <b>PRESSURE</b>   | <b>PRESSURE</b>   |
| Initial Pressure       | <u>1200</u> psig   | _____ psig  | _____ psig  |
| End of test pressure   | <u>1200</u> psig   | _____ psig  | _____ psig  |
| <b>CASING / TUBING</b> | <b>ANNULUS</b>   | <b>PRESSURE</b>   | <b>PRESSURE</b>   |
| 0 minutes              | <u>1660</u> psig   | _____ psig  | _____ psig  |
| 5 minutes              | <u>1640</u> psig   | _____ psig  | _____ psig  |
| 10 minutes             | <u>1620</u> psig   | _____ psig  | _____ psig  |
| 15 minutes             | <u>1610</u> psig   | _____ psig  | _____ psig  |
| 20 minutes             | <u>1605</u> psig   | _____ psig  | _____ psig  |
| 25 minutes             | <u>1600</u> psig   | _____ psig  | _____ psig  |
| 30 minutes             | <u>1590</u> psig   | _____ psig  | _____ psig  |
| <u>32</u> minutes      | <u>1590</u> psig   | _____ psig  | _____ psig  |
| _____ minutes          | _____ psig   | _____ psig  | _____ psig  |
| <b>RESULT</b>          | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

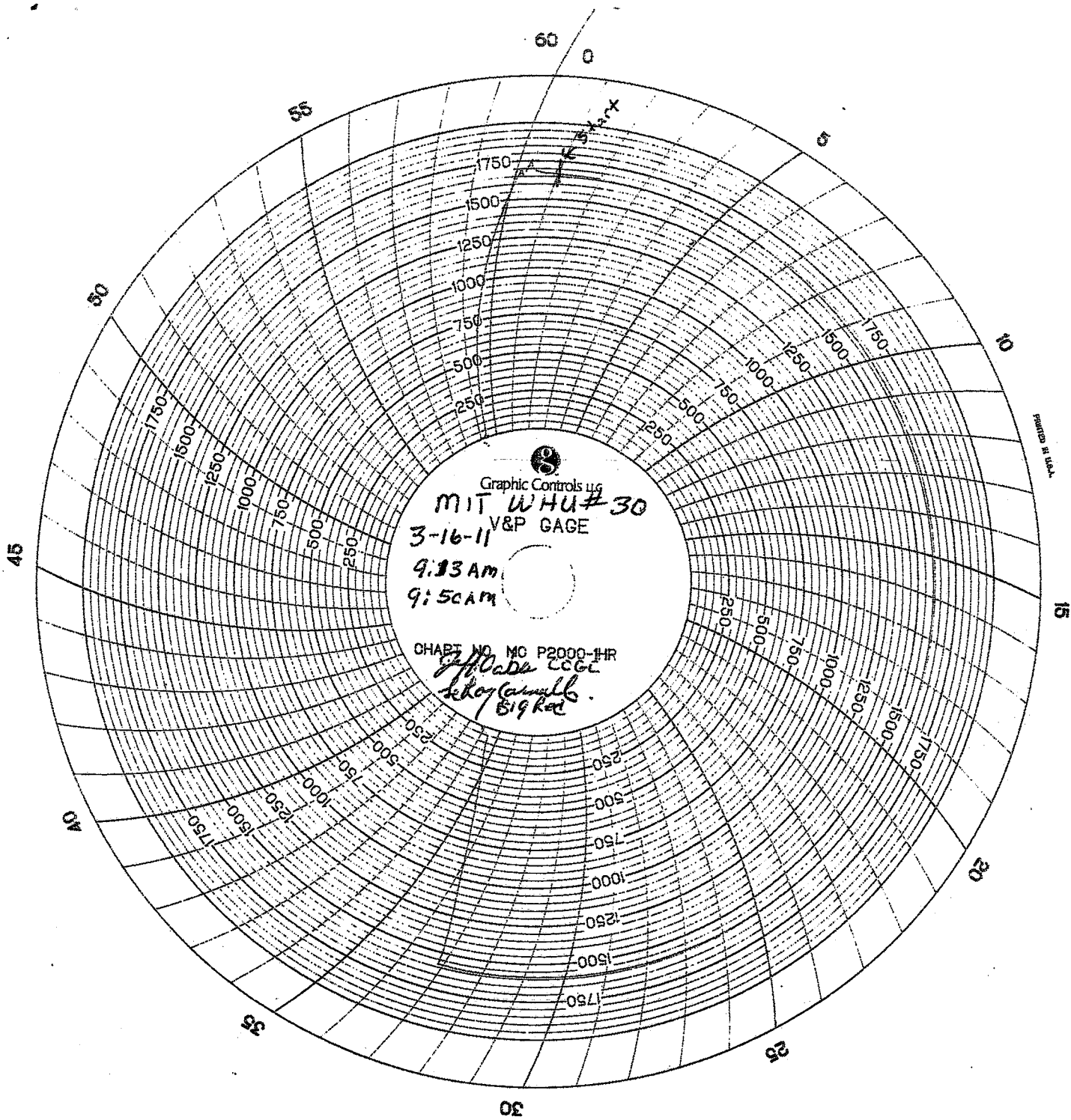
40° outside temp

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Jeff Oaks COGC  
Leroy Carmickle Big Red





STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

FORM 9

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

|  |  |   |
|--|--|---|
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                  |  | 5. LEASE DESIGNATION AND SERIAL NUMBER:<br>SLC066312          |
| 2. NAME OF OPERATOR:<br>Citation Oil & Gas Corp.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                         |
| 3. ADDRESS OF OPERATOR:<br>P.O. Box 690688 CITY Houston STATE TX ZIP 77269-0688  |  | 7. UNIT or CA AGREEMENT NAME:<br>Walker Hollow Unit UTU66837A |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE: 660' FSL & 1860' FEL<br>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWSE 2 7S 23E |  | 8. WELL NAME and NUMBER:<br>Walker Hollow Unit #30            |
| PHONE NUMBER:<br>(281) 517-7800  |  | 9. API NUMBER:<br>4304730094                                  |
|  |  | 10. FIELD AND POOL, OR WILDCAT:<br>Walker Hollow Green River  |
|  |  | COUNTY: Uintah  |
|  |  | STATE: UTAH   |

| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   |   |   |  |
|---|---|---|--|
| TYPE OF SUBMISSION  | TYPE OF ACTION  |   |  |
| <input type="checkbox"/> NOTICE OF INTENT<br>(Submit in Duplicate)<br>Approximate date work will start:<br>_____              | <input type="checkbox"/> ACIDIZE                        | <input type="checkbox"/> DEEPEN                           | <input type="checkbox"/> REPERFORATE CURRENT FORMATION |
|   | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> FRACTURE TREAT                   | <input type="checkbox"/> SIDETRACK TO REPAIR WELL      |
|   | <input type="checkbox"/> CASING REPAIR                  | <input type="checkbox"/> NEW CONSTRUCTION                 | <input type="checkbox"/> TEMPORARILY ABANDON           |
|   | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS       | <input type="checkbox"/> OPERATOR CHANGE                  | <input type="checkbox"/> TUBING REPAIR                 |
|   | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> PLUG AND ABANDON                 | <input type="checkbox"/> VENT OR FLARE                 |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>(Submit Original Form Only)<br>Date of work completion:<br>9/16/2011 | <input type="checkbox"/> CHANGE WELL NAME               | <input type="checkbox"/> PLUG BACK                        | <input type="checkbox"/> WATER DISPOSAL                |
|   | <input type="checkbox"/> CHANGE WELL STATUS             | <input type="checkbox"/> PRODUCTION (START/RESUME)        | <input type="checkbox"/> WATER SHUT-OFF                |
|   | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> RECLAMATION OF WELL SITE         | <input checked="" type="checkbox"/> OTHER: <u>MIT</u>  |
|   | <input type="checkbox"/> CONVERT WELL TYPE              | <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Well was successfully tested for mechanical integrity 9/16/2011. A copy of the report is attached for your review.

Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY

RECEIVED  
SEP 26 2011  
DIV. OF OIL, GAS & MINING

|   |  |
|---|--|
| NAME (PLEASE PRINT) <u>Debra Harris</u> | TITLE <u>Regulatory Compliance Coordinator</u> |
| SIGNATURE <u>Debra Harris</u>           | DATE <u>9/20/2011</u>                          |

(This space for State use only)

**Mechanical Integrity Test**  
**Casing or Annulus Pressure Mechanical Integrity Test**

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 9/16/11  
Test conducted by: Jeff Oaks COGC / LeRoy Carmichael-Big Red  
Others present: \_\_\_\_\_

PO. 05011.1  
43047 30094

|  |                       |                           |
|--|-----------------------|---------------------------|
| Well Name: <u>Walker Hollow Unit #30</u>   | Type: ER <u>(SWD)</u> | Status: <u>(AC)</u> TA UC |
| Field: <u>Walker Hollow</u>  |                       |                           |
| Location: <u>SW/SE</u> Sec: <u>2</u> T <u>7</u> N <u>(S)</u> R <u>23</u> <u>(E)</u> W County: <u>Uintah</u> State: <u>UT</u> |                       |                           |
| Operator: <u>Citation Oil &amp; Gas Corp</u>   |                       |                           |
| Last MIT: <u>3/16/11</u> Maximum Allowable Pressure: <u>1584</u> PSIG  |                       |                           |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☒ Yes ☐ No If Yes, rate: 225 bpd

Pre-test casing/tubing annulus pressure: 0 / 1210 psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1210</u> psig   |   | psig  | psig  |
| End of test pressure                    | <u>1220</u> psig   |   | psig  | psig  |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1000</u> psig   |   | psig  | psig  |
| 5 minutes                               | <u>990</u> psig  |   | psig  | psig  |
| 10 minutes                              | <u>985</u> psig  |   | psig  | psig  |
| 15 minutes                              | <u>980</u> psig  |   | psig  | psig  |
| 20 minutes                              | <u>970</u> psig  |   | psig  | psig  |
| 25 minutes                              | <u>965</u> psig  |   | psig  | psig  |
| 30 minutes                              | <u>955</u> psig  |   | psig  | psig  |
| <u>32</u> minutes                       | <u>955</u> psig  |   | psig  | psig  |
| _____ minutes                           | _____ psig   |   | psig  | psig  |
| RESULT                                  | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

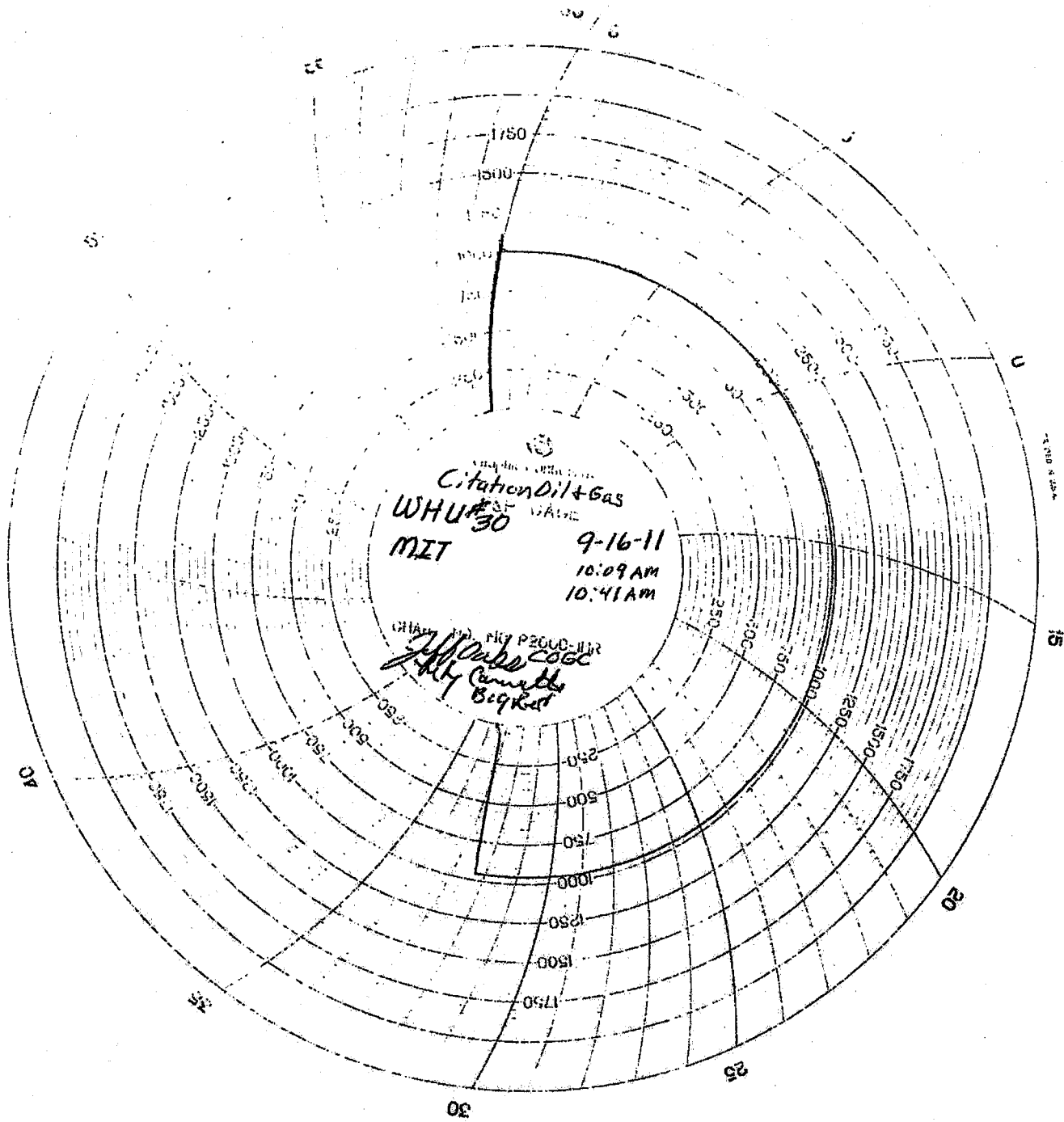
60° out side temp

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

**MECHANICAL INTEGRITY PRESSURE TEST**

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Jeff Oaks COGC  
LeRoy Carmichael Big Red



|  |  |  |
|--|--|--|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  |  | <b>FORM 9</b>  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |  | <b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b><br>U-066312ST |
| <b>1. TYPE OF WELL</b><br>Water Injection Well   |  | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>                 |
| <b>2. NAME OF OPERATOR:</b><br>CITATION OIL & GAS CORP   |  | <b>7. UNIT or CA AGREEMENT NAME:</b><br>WALKER HOLLOW (GR)   |
| <b>3. ADDRESS OF OPERATOR:</b><br>14077 Cutten Rd , Houston, TX, 77069   |  | <b>8. WELL NAME and NUMBER:</b><br>WALKER HOLLOW U 30        |
| <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>0660 FSL 1860 FEL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SWSE Section: 02 Township: 07.0S Range: 23.0E Meridian: S  |  | <b>9. API NUMBER:</b><br>43047300940000                      |
| <b>9. FIELD and POOL or WILDCAT:</b><br>WALKER HOLLOW  |  | <b>COUNTY:</b><br>UINTAH                                     |
| <b>STATE:</b><br>UTAH  |  |  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION   | TYPE OF ACTION  |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> NOTICE OF INTENT<br>Approximate date work will start: | <input type="checkbox"/> ACIDIZE<br><br><input type="checkbox"/> CHANGE TO PREVIOUS PLANS<br><br><input type="checkbox"/> CHANGE WELL STATUS<br><br><input type="checkbox"/> DEEPEN<br><br><input type="checkbox"/> OPERATOR CHANGE<br><br><input type="checkbox"/> PRODUCTION START OR RESUME<br><br><input type="checkbox"/> REPERFORATE CURRENT FORMATION<br><br><input type="checkbox"/> TUBING REPAIR<br><br><input type="checkbox"/> WATER SHUTOFF<br><br><input type="checkbox"/> WILDCAT WELL DETERMINATION | <input type="checkbox"/> ALTER CASING<br><br><input type="checkbox"/> CHANGE TUBING<br><br><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS<br><br><input type="checkbox"/> FRACTURE TREAT<br><br><input type="checkbox"/> PLUG AND ABANDON<br><br><input type="checkbox"/> RECLAMATION OF WELL SITE<br><br><input type="checkbox"/> SIDETRACK TO REPAIR WELL<br><br><input type="checkbox"/> VENT OR FLARE<br><br><input type="checkbox"/> SI TA STATUS EXTENSION | <input type="checkbox"/> CASING REPAIR<br><br><input type="checkbox"/> CHANGE WELL NAME<br><br><input type="checkbox"/> CONVERT WELL TYPE<br><br><input type="checkbox"/> NEW CONSTRUCTION<br><br><input type="checkbox"/> PLUG BACK<br><br><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION<br><br><input type="checkbox"/> TEMPORARY ABANDON<br><br><input type="checkbox"/> WATER DISPOSAL<br><br><input type="checkbox"/> APD EXTENSION | <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>Date of Work Completion:<br><b>9/16/2016</b><br><br><input type="checkbox"/> SPUD REPORT<br>Date of Spud:<br><br><input type="checkbox"/> DRILLING REPORT<br>Report Date: |
|  |   | <input checked="" type="checkbox"/> OTHER   | OTHER: <span style="border: 1px solid black; padding: 2px;">Well Integrity</span>  |  |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.  

This well was successfully tested for mechanical integrity on 9/16/2016. A copy of the EPA MIT form is attached for your records.

Approved by the  
 September 22, 2016  
 Oil, Gas and Mining

Date: \_\_\_\_\_

By:

|  |                                     |   |
|--|-------------------------------------|---|
| <b>NAME (PLEASE PRINT)</b><br>Sara Guthrie | <b>PHONE NUMBER</b><br>281 891-1564 | <b>TITLE</b><br>Regulatory Compliance Coordinator |
| <b>SIGNATURE</b><br>N/A                    | <b>DATE</b><br>9/21/2016            |   |

# Mechanical Integrity Test

## Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency  
Underground Injection Control Program  
999 18<sup>th</sup> Street, Suite 500 Denver, CO 80202-2466

EPA Witness: N/A Date: 9.1.16.16  
Test conducted by: Jeff Oaks COGC / Les Taylor Big Red  
Others present: \_\_\_\_\_

|   |                       |  |
|---|-----------------------|--|
| Well Name: <u>Walker Hollow Unit #30</u>  | Type: ER <u>(SWD)</u> | Status: <u>(AC)</u> TA UC                    |
| Field: <u>Walker Hollow</u>   |                       |  |
| Location: <u>SW/SE</u> Sec: <u>2</u> T: <u>7</u> N: <u>18</u> R: <u>23</u> E: <u>W</u> County: <u>Uintah</u> State: <u>UT</u> |                       |  |
| Operator: <u>Citation Oil &amp; Gas Corp</u>  |                       |  |
| Last MIT: <u>9.1.16.11</u>  |                       | Maximum Allowable Pressure: <u>1584</u> PSIG |

Is this a regularly scheduled test? ☒ Yes ☐ No  
Initial test for permit? ☐ Yes ☒ No  
Test after well rework? ☐ Yes ☒ No  
Well injecting during test? ☐ Yes ☒ No If Yes, rate: \_\_\_\_\_ bpd

Pre-test casing/tubing annulus pressure: 1020 psig

| MIT DATA TABLE                          |  | Test #1   | Test #2   | Test #3   |
|---|--|---|---|---|
| <b>TUBING PRESSURE</b>                  |  |   |   |   |
| Initial Pressure                        | <u>1020</u> psig   |   |   |   |
| End of test pressure                    | <u>1010</u> psig   |   |   |   |
| <b>CASING / TUBING ANNULUS PRESSURE</b> |  |   |   |   |
| 0 minutes                               | <u>1360</u> psig   |   |   |   |
| 5 minutes                               | <u>1350</u> psig   |   |   |   |
| 10 minutes                              | <u>1345</u> psig   |   |   |   |
| 15 minutes                              | <u>1330</u> psig   |   |   |   |
| 20 minutes                              | <u>1315</u> psig   |   |   |   |
| 25 minutes                              | <u>1305</u> psig   |   |   |   |
| 30 minutes                              | <u>1300</u> psig   |   |   |   |
| <u>31</u> minutes                       | <u>1300</u> psig   |   |   |   |
| _____ minutes                           | _____ psig   |   |   |   |
| <b>RESULT</b>                           | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

51° outside temp

Does the annulus pressure build back up after the test? ☐ Yes ☒ No

## MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Jeff Oaks Les Taylor Big Red



